Company Name

INVOICE #:

INVOICE

MAILING INFO	Street Address City, ST ZIP Phone: (000) 000-0000 Fax: (000) 000-0000	BILL TO	Name Customer ID Street Address City, ST, ZIP Phone	
DESCRIPTION				AMOUNT
			SUBTOTAL	
OTHER COMMENTS			TAX RATE	
Total payment due in 30 days			TAX	
Please include the invoice number on your check			S&H	
			DISCOUNT	
Thank You For Your Business!			TOTAL	

DATE:

Make all checks payable to:

Your Company Name