[Company Name] INVOICE

SHIP TO:

[Company Name]

[City, ST ZIP Code]

[Phone Number]

[Street Address]

[Name]

[Company Slogan]

[Company Address] Phone [Phone Number] Fax [Fax Number]

INVOICE #[100]
DATE: [PICK THE DATE]

TO:
[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]

COMMENTS OR SPECIAL INSTRUCTIONS:

[YOUR COMMENTS]

[Phone Number]

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
					Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
SUBTOTAL			
SALES TAX			
SHIPPING & HANDLING			
TOTAL DUE			

Make all checks payable to [Company Name].

If you have any questions concerning this invoice, contact: TemplateVertex.com at [Phone Number] or [E-mail Address].

THANK YOU FOR YOUR BUSINESS!