INVOICE

Invoice #: _____

Date: _____

[Company Name]

[Street Address]
[City, State, Zip]
[Phone Number]

BILL TO:

_____
_____
_____

SHIP TO:

_____
_____
_____

SKU / Item #	Description	Quantity	Unit Price	Total

SKU / Item #	Description	Quantity	Unit Price	Total

Subtotal: $ _____
Tax: $ _____
Shipping: $ _____

Total Amount: $ _____

Terms: Payment due within ___ days. Returns subject to restock fee.

Thank you for your business.