

CENTRALIZED OFFICE RESOURCES

123 Corporate Plaza, Suite 500
Business City, ST 90210

INVOICE

#INV-0000
Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]

PAYMENT TERMS:

Net 30 Days
Due Date: [Date]

Resource / Description	Quantity	Unit Price	Total
[Service or Item Name]	0	\$0.00	\$0.00
[Service or Item Name]	0	\$0.00	\$0.00
[Service or Item Name]	0	\$0.00	\$0.00

Subtotal: \$0.00
Tax (0%): \$0.00

Grand Total: \$0.00

Notes: Please include invoice number with your payment.

Thank you for choosing Centralized Office Resources for your business needs.