INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: _____

Date: _____

P.O. #: _____

Project: _____

BILL TO:

_____
_____
_____

SHIP TO:

_____
_____
_____

SKU / PART #	DESCRIPTION (FINISH, SIZE, MATERIAL)	QTY	UNIT PRICE	TOTAL
	Hinges (Soft-Close/Concealed)			
	Drawer Slides (Full Extension)			
	Pulls / Handles			

SKU / PART #	DESCRIPTION (FINISH, SIZE, MATERIAL)	QTY	UNIT PRICE	TOTAL
	Knobs			
	Shelf Support Pins			
	Screws / Fasteners			

Subtotal: $_____
Shipping/Handling: $_____
Tax: $_____

Total Amount: $_____

Notes: All hardware is subject to industrial quality standards. Returns accepted within 30 days in original packaging.

Signature: _____