SHOWROOM NAME
INVENTORY INVOICE

BILL TO:
[Client Name]
[Address Line 1]
[City, State, Zip]
Invoice #: [0000]
Date: [MM/DD/YYYY]
PO #: [Reference]

STYLE #	DESCRIPTION	SIZE	COLOR	QTY	UNIT PRICE	TOTAL

Subtotal: $0.00
Shipping: $0.00
TOTAL: $0.00

Terms & Conditions:
Goods remain the property of the showroom until paid in full. Claims for discrepancies must be made within 7 days of receipt.