TAX INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Tax Registration No.]

Invoice #: [00000]
Date: [DD/MM/YYYY]
Due Date: [DD/MM/YYYY]

Bill To:

[Customer Name]
[Customer Address]
[Customer Tax ID]

Ship To:

[Shipping Address]
[Contact Number]

Description	Qty	Unit Price	Tax (%)	Amount
[Item Description]	[0]	[0.00]	[0%]	[0.00]

Subtotal: [0.00]
Sales Tax: [0.00]

Total: [0.00]

Payment Terms: [Net 30 / COD]
Notes: Thank you for your business.