[MERCHANT NAME]

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

INVOICE

Date: _____
No: #_____

BILL TO:

_____
_____
_____

PAYMENT INFO:

Method: _____
Cashier: _____

Description	Qty	Unit Price	Total

Description	Qty	Unit Price	Total

Subtotal: $_____
Tax: $_____

Total: $_____

Thank you for your business!

Return Policy: [Insert Policy Here]