SALON NAME

123 Beauty Street
City, State, Zip
Phone: (555) 000-0000

RETAIL INVOICE

Date: _____
Invoice #: _____

Client Details:

Name: _____
Phone: _____

Stylist/Consultant:

_____

Product Description	Qty	Unit Price	Total

Subtotal: $_____

Tax: $_____

Grand Total: $_____

Payment Method: [ ] Cash [ ] Card [ ] Other

Thank you for shopping with us!
Return Policy: Unopened products may be returned within 14 days with receipt.