

[Representative Name]

[Independent Consultant/ID Number]

[Phone Number]

[Email Address]

INVOICE

Invoice #: _____

Date: _____

Bill To:

[Customer Name]

[Address Line 1]

[City, State, Zip]

Ship To (if different):

[Recipient Name]

[Address Line 1]

[City, State, Zip]

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: \$ _____

Shipping: \$ _____

Tax: \$ _____

Total Amount: \$ _____

Payment Instructions:

[Accepted Payment Methods: e.g., Cash, Check, Venmo, Credit Card]

[Return Policy / Satisfaction Guarantee Details]

Thank you for supporting my small business!