

# SALES INVOICE

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

## DISTRIBUTOR INFO

Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Phone: \_\_\_\_\_

## BILL TO:

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: \_\_\_\_\_

Shipping/Handling: \_\_\_\_\_

Tax: \_\_\_\_\_

**GRAND TOTAL:** \_\_\_\_\_

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Payment Method:  Cash  Credit Card  Bank Transfer  Other: \_\_\_\_\_

Notes: Thank you for supporting my independent business!

Customer Signature: \_\_\_\_\_