INVOICE

[Merchant Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

Invoice #: [00001]
Date: [Date]
Due Date: [Date]
PO #: [Number]

BILL TO:

[Customer Company Name]
[Contact Person]
[Billing Address]
[Phone/Email]

SHIP TO:

[Customer Company Name]
[Shipping Address]
[City, State, Zip]

SKU / Item #	Description	Quantity	Unit Price	Total

Subtotal: $0.00
Tax: $0.00
Shipping: $0.00

Total Amount Due: $0.00

Payment Terms: [e.g., Net 30]

Notes: Please include invoice number with your payment. Thank you for your business.