

STORE NAME

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

INVOICE

Date: _____
Invoice #: _____

Customer Information:

Name: _____
Contact: _____

Item Description	Qty	Unit Price	Total

Subtotal: \$ _____

Tax (__ %): \$ _____

Total Amount: \$ _____

Thank you for your business!

Return Policy: Returns accepted within 30 days with receipt.