

# INVOICE

Diagnostic Systems & Tools Inc.

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

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

---

## Seller Details:

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

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

Email: \_\_\_\_\_

## Bill To:

Name/Company: \_\_\_\_\_

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

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

Item Description	Model / SKU	Qty	Unit Price	Total
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

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

Sales Tax: \$ \_\_\_\_\_

Shipping: \$ \_\_\_\_\_

---

**Total Due: \$ \_\_\_\_\_**

---

**Warranty Terms:** All diagnostic hardware carries a standard 12-month manufacturer warranty. Software subscriptions are non-refundable.

Notes: \_\_\_\_\_