

# SALES INVOICE

**Company Name**  
Address Line 1  
City, State, Zip  
VAT ID: [Number]

**Invoice #:** [000000]  
**Date:** [YYYY-MM-DD]  
**P.O. #:** [Ref Number]

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**BILL TO**

Customer Name  
Department/Attention  
Billing Address  
Email@Address.com

**SHIP TO**

Customer Name  
Shipping Address  
Contact Phone  
Carrier: [Standard/Express]

Part Number / SKU	Description (Wavelength, Package, Bin)	Qty	Unit Price	Total
[PN-XXXX]	[e.g. InGaAs Photodiode, TO-46, 1310nm-1550nm]	0	\$0.00	\$0.00
[PN-XXXX]	[e.g. SMT LED, 0603, Amber, 605nm]	0	\$0.00	\$0.00
[PN-XXXX]	[e.g. Laser Diode Module, 5mW, 650nm]	0	\$0.00	\$0.00

Subtotal:	\$0.00
Shipping/Handling:	\$0.00
Tax (0%):	\$0.00
<b>Grand Total:</b>	<b>\$0.00</b>

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**Terms:** Net 30. Components are sensitive to Electrostatic Discharge (ESD); handle with appropriate precautions. Warranty limited to manufacturer specifications.

Payment via Wire Transfer or ACH. Account Detail: [Bank Name] / [Swift/Routing]