SALES INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number] | [Email]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO

[Customer Name]
[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

SHIPPING / JOB SITE

[Site Contact Name]
[Site Address]
[City, State, Zip]
[Project Name/Number]

ITEM / MODEL NO.	EQUIPMENT DESCRIPTION & SERIAL NUMBER (VIN)	HOURS/MILES	QTY	UNIT PRICE	TOTAL

ITEM / MODEL NO.	EQUIPMENT DESCRIPTION & SERIAL NUMBER (VIN)	HOURS/MILES	QTY	UNIT PRICE	TOTAL

Subtotal:	$ 0.00
Sales Tax ([__]%):	$ 0.00
Shipping/Freight:	$ 0.00
TOTAL DUE:	**$ 0.00**

Terms & Conditions:
1. Equipment is sold "As Is" unless otherwise specified by warranty.
2. Title remains with seller until full payment is received.
3. Please make checks payable to: [Company Name]

Buyer Signature: _____ Date: _____