SALES INVOICE

Material Handling Solutions Ltd.

Invoice #: _____

Date: _____

P.O. #: _____

BILL TO

_____
_____
_____
Attn: _____

SHIP TO / INSTALLATION SITE

_____
_____
_____
Contact: _____

MODEL/PART #	DESCRIPTION (CONVEYORS, RACKING, LIFT TRUCKS)	QTY	UNIT PRICE	TOTAL

MODEL/PART #	DESCRIPTION (CONVEYORS, RACKING, LIFT TRUCKS)	QTY	UNIT PRICE	TOTAL

Terms & Notes

Payment Terms: _____
Shipping Method: _____
Warranty: Standard manufacturer warranty applies unless otherwise specified.

Subtotal: $ _____
Installation/Labor: $ _____
Freight/Shipping: $ _____
Sales Tax: $ _____

Total Amount: $ _____

Thank you for your business. Please make all checks payable to **Material Handling Solutions Ltd.**

For technical support or service inquiries, contact: support@example.com