

ADVANCE PAYMENT INVOICE

[Specialty Parts Company Name]

[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: [00000]
Date: [MM/DD/YYYY]
PO #: [Optional]

Bill To:

[Customer Name]
[Address]
[Contact Info]

Ship To:

[Destination Name]
[Address]
[Expected Lead Time]

Part # / SKU	Description	Qty	Unit Price	Total
[Reference]	[Specialty Part Description]	[0]	\$0.00	\$0.00
[Reference]	[Additional Component]	[0]	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Shipping: \$0.00

Total Due: \$0.00

Advance Payment Terms:

This is a pro-forma / advance payment invoice for specialty or custom-order parts. Production/Ordering will

commence only upon receipt of the full balance shown above. All specialty orders are non-refundable once processed.

Payment Instructions:

Bank Name: [Name]

Account Number: [Number]

Routing / SWIFT: [Code]