[COMPANY NAME]

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

SALES INVOICE

Credit Account

BILL TO:

[Customer Name]
[Customer Business Name]
[Address]
[City, State, Zip]

Invoice # :	[000000]
Date :	[MM/DD/YYYY]
Customer ID :	[CID-000]
Payment Terms :	[Net 30]
Due Date :	[MM/DD/YYYY]

Description	Quantity	Unit Price	Total
[Item or Service Name]	[0]	[0.00]	[0.00]
[Item or Service Name]	[0]	[0.00]	[0.00]

Description	Quantity	Unit Price	Total

Subtotal	$0.00
Tax ([0]%)	$0.00
Total Amount Due	**$0.00**

Notes / Payment Instructions:

Please include invoice number with your payment. Remit payment to the address listed above or via electronic transfer to [Bank Details]. Interest of [0]% per month applied to overdue accounts.

Thank you for your business.