FURNITURE STORE

123 Design Street, Suite 100
City, State, Zip Code

SALES CREDIT INVOICE

Invoice #: _____
Date: _____

CUSTOMER INFORMATION

Name:

Address:

Phone:

ORDER DETAILS

Sales Rep:

Delivery Date:

Credit Terms:

SKU	Description / Furniture Item	Qty	Unit Price	Total

Subtotal:$_____
Sales Tax:$_____
Delivery Fee:$_____

TOTAL:$_____

Amount Paid:$_____

Balance Due:$_____

Notes / Warranty:

_____

Authorized Signature

Customer Acceptance Signature