

INVOICE

[Company Name]

[Street Address]

[City, State, Zip]

[Tax ID / VAT Number]

Invoice #: _____

Date: _____

PO #: _____

Due Date: _____

BILL TO:

[Customer Name]

[Customer Business Name]

[Address]

[Phone/Email]

SHIP TO:

[Shipping Name/Dept]

[Shipping Address]

[Shipping Method]

SKU/Item #	Description	Quantity	Unit Price	Total

Subtotal: \$0.00

Wholesale Discount: \$0.00

Shipping/Handling: \$0.00

Tax: \$0.00

Total Amount: \$0.00

Payment Instructions:

Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Please make checks payable to: [Company Name]

Terms: Net [30] days. Late payments are subject to a [1.5%] monthly interest charge.