

INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT]

Invoice #: _____

Date: _____

PO #: _____

BILL TO:

SHIP TO:

SKU / Item #	Description	Quantity	Unit Price	Total

SKU / Item #	Description	Quantity	Unit Price	Total
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Subtotal:\$ _____
Tax:\$ _____
Shipping:\$ _____
Total Amount:\$ _____

NOTES & TERMS:

Payment terms: Net [30] days. Goods remain property of the seller until paid in full.