[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO

[Client Name]
[Attention To]
[Street Address]
[City, State, Zip]

SHIP TO

[Shipping Name]
[Street Address]
[City, State, Zip]
Contact: _____

SKU / Part #	Description of Goods	Qty	Unit Price	Total

Subtotal: $ 0.00

Tax Rate (%): 0.00%
Shipping & Handling: $ 0.00
TOTAL DUE: $ 0.00

PAYMENT INSTRUCTIONS

Bank Name: _____
SWIFT/BIC: _____
Account #: _____
Payment Terms: Net [30]

NOTES / TERMS

Goods remain property of [Company Name] until full payment is received. Returns subject to [0]% restocking fee.

Representative Signature: _____ Date: _____