# COMMERCIAL INVOICE

**Invoice #:** _____
**Date:** _____
**PO #:** _____

**[Company Name]**
[Address Line 1]
[City, State, Zip]
[Phone / Email]

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**Bill To:**

[Client Name]
[Client Address]
[City, State, Zip]
[Tax ID/VAT]

**Ship To:**

[Recipient Name]
[Shipping Address]
[City, State, Zip]
[Shipping Method]

| Description | Quantity | Unit Price | Total |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Subtotal: $0.00
Tax Rate: 0.00%
Shipping: $0.00

## Total Due: $0.00

**Payment Terms:** Net [30] Days. Please make checks payable to [Company Name].

**Notes:** Thank you for your business.