

# INVOICE

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

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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BILL TO:

[Customer Name / Gym Name]  
[Contact Person]  
[Address Line 1]  
[City, State, Zip]

SHIP TO:

[Delivery Address]  
[City, State, Zip]  
[Contact Phone]

Description (Brand/Model)	Qty	Unit Price	Total

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Subtotal: \$0.00

Tax (%): \$0.00

Shipping/Assembly: \$0.00

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**Amount Due: \$0.00**

**Payment Terms:** Net 30. Please make checks payable to [Company Name].  
Warranty information included with equipment manuals.

*Thank you for your business!*