

TAX INVOICE

[Vendor Name]
[Street Address]
[City, State, Zip]
[Email/Phone]
Tax ID: [Tax ID Number]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name]
[Client Business Name]
[Client Address]
[Client Tax ID]

PAYMENT METHOD

[Transaction ID]
[Credit Card / PayPal / Bank Transfer]

Digital Product / Service	Qty	Unit Price	Amount
[Product Name/Description]	[1]	[0.00]	[0.00]
[License Type/Subscription Term]	[1]	[0.00]	[0.00]

Subtotal: [0.00]
Tax ([0] %): [0.00]
Total: [0.00] [Currency]

Note: This is a digital delivery product. No physical goods were shipped.

Thank you for your business.