

[COMPANY NAME]

Electronics Manufacturing Services
[Street Address], [City]
VAT/GST ID: [Registration Number]

TAX INVOICE

Invoice #: [0000]
Date: [YYYY-MM-DD]
PO #: [Reference]

BILL TO

[Client Company Name]
[Client Street Address]
[City, State, Zip]
Tax ID: [Client Tax ID]
SHIP TO

[Warehouse/Facility Name]
[Shipping Address]
[City, State, Zip]
Contact: [Name/Phone]

Part Number / SKU	Description	Qty	Unit Price	Tax %	Total
[PCB-001]	[Assembled Circuit Board - Rev A]	[0]	[\$0.00]	[0%]	[\$0.00]
[CMP-002]	[Component Sourcing Fee]	[0]	[\$0.00]	[0%]	[\$0.00]
[TST-003]	[Functional Testing & QA]	[0]	[\$0.00]	[0%]	[\$0.00]

Subtotal: \$0.00

Tax Amount: \$0.00
Shipping/Handling: \$0.00
Total Due: \$0.00

PAYMENT TERMS & NOTES

Payment Terms: [Net 30]

Bank Name: [Name] | Account: [Number] | SWIFT/BIC: [Code]

Notes: Goods remain the property of [Company Name] until paid in full. Compliance with RoHS/WEEE standards applies.