

# TAX INVOICE

**[Company Name] Furniture Manufacturing**  
[Street Address], [City]  
[Tax ID / VAT Number]

INVOICE #: \_\_\_\_\_  
DATE: \_\_\_\_\_  
ORDER ID: \_\_\_\_\_

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**BILL TO:**  
[Client Name]  
[Client Address]  
[Contact Number]  
**DELIVERY TO:**  
[Shipping Address]  
[Installation Date]

Item Description (Material/Finish)	Qty	Unit Price	Tax %	Total

Subtotal: \$0.00  
Tax Amount: \$0.00  
Shipping/Crating: \$0.00

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**Total: \$0.00**

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NOTES: All custom manufactured items are non-refundable. Warranty covers structural defects for 1 year.

**PAYMENT TERMS:** 50% deposit required for production start. Balance due upon delivery.