

**[MANUFACTURER NAME]**

[Factory Address Line 1]  
[City, State, Zip Code]  
Tax ID: [Tax Registration Number]

**TAX INVOICE**

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
PO #: \_\_\_\_\_

**BILL TO:**

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

**SHIPPING NOTES:**

Carrier: \_\_\_\_\_  
Waybill #: \_\_\_\_\_  
FOB: \_\_\_\_\_

Item / Resin Type	Description / Part #	Quantity	Unit	Unit Price	Amount
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Subtotal: \$0.00

Tax ([0]%):	\$0.00
Shipping/Handling:	\$0.00
<b>TOTAL:</b>	<b>\$0.00</b>

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**PAYMENT INSTRUCTIONS & TERMS**

Payment Terms: Net [30] Days. Please make checks payable to **[Manufacturer Name]**.  
Bank: [Bank Name] | Account: [Account Number] | SWIFT/BIC: [Code]  
*Quality certification available upon request for all injection/extrusion lots.*