INVOICE

[Invoice Number]

[Company Name]

[Company Address]
[City, State, Zip]
[Phone Number]

BILL TO:

[Customer Name]
[Customer Address]
[City, State, Zip]
[Email/Phone]

Order Date: [Date]

Sales Rep: [Name]

Delivery Date: [Date]

Description	SKU/Model	Qty	Unit Price	Amount
[Furniture Item Name]	[XXXX-00]	[0]	$0.00	$0.00
[Furniture Item Name]	[XXXX-00]	[0]	$0.00	$0.00

Subtotal: $0.00
Sales Tax ([0]%): $0.00
Delivery/Assembly: $0.00

Total Amount: $0.00
Down Payment Paid: ($0.00)
Remaining Balance: $0.00

Installment Schedule

Installment #	Due Date	Description	Amount Due	Status
1 of [X]	[Date]	Monthly Payment	$0.00	[Pending]
2 of [X]	[Date]	Monthly Payment	$0.00	[Pending]

Terms & Conditions:

1. Ownership of furniture remains with [Company Name] until final payment is received.

2. Late payments may incur a fee of $[0.00] per week past the due date.

3. Please include Invoice Number on all bank transfers/checks.

Thank you for your business!