THE PUZZLE SHOP

123 Enigma Lane
Logic City, ST 54321
contact@puzzleshop.com

INVOICE

Invoice #: _____
Date: _____

Bill To:

_____
_____
_____

Ship To:

_____
_____
_____

Description (Piece Count/Brand)	Qty	Unit Price	Total

Subtotal: $_____
Shipping: $_____

Tax: $_____

Amount Due: $_____

Thank you for finding the missing piece to your collection!

Returns accepted within 30 days in original sealed packaging.