

[Toy Store Name]

[Street Address]

[City, State, Zip]

[Phone Number]

SALES INVOICE

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

BILL TO:

SHIP TO:

| SKU / ID | Toy Description | Qty | Unit Price | Total |
|----------|-----------------|-----|------------|-------|
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Subtotal: \$ \_\_\_\_\_

Sales Tax: \$ \_\_\_\_\_

Shipping: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

**Notes / Return Policy:**

Unopened toys may be returned within 30 days with this original receipt. No returns on collectible figures or clearance items.

Thank you for shopping with us! Visit our website at [Website URL]