AUDIO SONIC RETAIL

INVOICE

_____

Date: _____

From:
Audio Sonic Retail Ltd.
123 Hi-Fi Boulevard
Sound City, NY 10001

Bill To:
_____
_____
_____

Description (Brand/Model)	Serial Number	Qty	Unit Price	Total

Subtotal: $_____
Tax (___%): $_____

Total: $_____

Notes: Warranty covers manufacturing defects for 12 months. Please retain this invoice for service claims.

Thank you for your business!