CAMERA RETAIL

123 Lens Street, Imaging City
contact@cameraretail.com

SALES INVOICE

Invoice #: _____
Date: _____

BILL TO:

_____
_____
_____

PAYMENT DETAILS:

Method: _____
Transaction ID: _____

Item Description	Serial Number	Qty	Unit Price	Total
Digital Camera Body				
Lens Kit				
Memory Card / Accessory				

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

GRAND TOTAL: $_____

Terms & Conditions:
1. All camera bodies carry a 1-year manufacturer warranty.
2. Returns accepted within 14 days in original packaging.
3. Proof of purchase is required for all warranty claims.

Thank you for your business!