SALES INVOICE

[Appliance Store Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Order #: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
Phone: _____

DELIVERY DETAILS

Date: _____
Method: [ ] Delivery [ ] Pickup
Installation Included: [ ] Yes [ ] No

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

Subtotal: $_____
Delivery Fee: $_____
Tax: $_____

Total: $_____

Warranty Terms: All appliances include a standard manufacturer warranty. Extended service plans are available within 30 days of purchase.

Return Policy: Returns accepted within 14 days in original packaging. 15% restocking fee may apply to opened items.

Thank you for your business!