SALES INVOICE

[Retailer Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Date: [MM/DD/YYYY]
Invoice #: [00000]
Order ID: [00000]

Bill To:

[Customer Name]
[Company Name]
[Address]
[Phone/Email]

Payment Method:

[Credit Card / Wire / PO]

Description	SKU	Qty	Unit Price	Total
[Product Name/Model]	[000-00]	[0]	$[0.00]	$[0.00]
[Product Name/Model]	[000-00]	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Sales Tax: $[0.00]
Shipping: $[0.00]

Grand Total: $[0.00]

Notes: [Warranty info, return policy, or serial numbers]

Thank you for your business!