TV RETAIL SALES INVOICE

Store Name

Address & Phone

INVOICE #

DATE

CUSTOMER DETAILS

Name:

Address:

Phone:

DELIVERY METHOD

In-Store Pickup / Delivery Date:

Installation Req: Yes [ ] No [ ]

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

WARRANTY NOTES:

Subtotal:$_____

Sales Tax:$_____

Delivery/Setup:$_____

Total Due:$_____

CUSTOMER SIGNATURE
AUTHORIZED SALES REP

Thank you for your business!