[RETAILER NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Date: [DD/MM/YYYY]
Invoice #: [000000]

Bill To:
[Customer Name]
[Shipping Address]
[Contact Number]

Payment Method: [Credit/PayPal/Wire]
Due Date: [DD/MM/YYYY]

Item Description	Size (ml)	Quantity	Unit Price	Total
[Essential Oil Name / SKU]	[15ml]	[0]	$0.00	$0.00
[Carrier Oil / Accessory]	[100ml]	[0]	$0.00	$0.00

Subtotal: $0.00
Shipping: $0.00
Tax: $0.00

Total: $0.00

Thank you for choosing [Retailer Name] for your aromatherapy needs.

Safety Note: Please dilute essential oils properly before topical application.