SALON NAME

123 Beauty Avenue
City, State, Zip
Phone: (555) 000-0000

INVOICE

Date: _____
Invoice #: _____

BILL TO

Client Name: _____
Phone: _____
Email: _____

CONSULTANT / STYLIST

Name: _____
Station ID: _____

Product Description / SKU	Qty	Unit Price	Total

Product Description / SKU	Qty	Unit Price	Total

Subtotal: $0.00
Tax: $0.00
Amount Due: $0.00

Thank you for choosing Professional Salon Name for your hair care needs.

Unopened products may be returned within 14 days for salon credit only.