# RETAIL INVOICE

[Store Name]
[Address Line 1]
[Phone Number]

**Invoice #:** _____
**Date:** _____

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**Customer Details:**

Name: _____
Contact: _____

**Payment Method:**

[ ] Cash [ ] Card [ ] Other

| Item / Accessory Description | Qty | Unit Price | Total |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Subtotal: $_____
Tax: $_____

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**Total: $_____**

**Notes:** All instrument accessories are subject to a [Number] day return policy if unopened. Specific warranties may apply to electronics and pickups.

Thank you for your business!