SYNTHESIZER RETAIL INVOICE

Store Name / Address / Contact

Invoice #: _____

Date: _____

BILL TO

Name: _____

Address: _____

Email: _____

PAYMENT DETAILS

Method: _____

Transaction ID: _____

Item Description (Model/Serial)	Qty	Unit Price	Total

Subtotal: $ _____
Sales Tax: $ _____
Grand Total: $ _____

Terms: All synthesizer sales are subject to a 15% restocking fee. Electronic components are covered under manufacturer warranty only.

Thank you for your business.