INVOICE

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

Invoice #: _____
Date: _____
PO #: _____
Due Date: _____

BILL TO

[Customer Name]
[Company Name]
[Address Line 1]
[Address Line 2]

SHIP TO (FULFILLMENT)

[Recipient Name]
[Company Name]
[Shipping Address]
[Shipping Contact]

ITEM SKU	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL

ITEM SKU	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL

Subtotal: $ _____
Shipping/Handling: $ _____
Tax: $ _____
Grand Total: $ _____

TERMS & NOTES

Please make all checks payable to **[Company Name]**. Payment is due within [Number] days. Thank you for your business.