INVOICE

Company Name
123 Business Way
City, State, Zip

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

_____
_____
_____

SHIP TO:

_____
_____
_____

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: $ _____
Shipping: $ _____

Tax: $ _____
Total Amount: $ _____

Notes: _____

Terms: Net 30. Please make checks payable to Company Name.