RETAIL INVOICE

Digital Imaging & Photo Supplies

Invoice #: _____

Date: _____

Vendor:
[Store Name]
[Address Line 1]
[City, State, Zip]
[Tax ID/VAT]
Customer:
[Name / Company]
[Address Line 1]
[Phone Number]

Item Description	Serial Number	Qty	Unit Price	Amount
DSLR Camera Body	_____	____	_____	_____
Kit Lens (e.g., 18-55mm)	_____	____	_____	_____
Memory Card (SDXC)	N/A	____	_____	_____
Spare Battery / External Charger	N/A	____	_____	_____
Camera Bag / Protection Gear	N/A	____	_____	_____

Subtotal: $ _____
Tax (%): $ _____
TOTAL: $ _____

Warranty Note: Manufacturer warranty applies to body and lenses. Please retain this invoice for service claims.

Return Policy: Returns accepted within 14 days in original packaging with all shutter count limits respected.