RETAIL INVOICE

[Store Name]
[Store Address]

Invoice #: [00000]
Date: [DD/MM/YYYY]

BILL TO:

[Customer Name]
[Customer Address]
[Contact Number]

ORDER INFO:

Payment Method: [Cash/Card/Online]
Warranty: [12 Months]

Description	Qty	Unit Price	Amount
[Model Name] External Camera Monitor S/N: [Serial Number]	[0]	0.00	0.00
[Accessory Name] (HDMI Cable/Battery)	[0]	0.00	0.00

Subtotal: $0.00
Tax (0%): $0.00
Total: $0.00

Terms & Conditions: Items must be returned in original packaging within 7 days for exchange. Warranty covers manufacturing defects only.

Authorized Signature: _____