STORAGE SOLUTIONS CO.

123 Digital Way
Tech City, TC 54321

INVOICE

Date: _____
Invoice #: _____

BILL TO:

_____
_____
_____

SHIP TO:

_____
_____
_____

ITEM DESCRIPTION (CAPACITY/SPEED)	QTY	UNIT PRICE	TOTAL
MicroSDXC UHS-I Card ____GB	____	$____	$____
SDXC V30 Professional ____GB	____	$____	$____
NVMe M.2 Solid State Drive ____TB	____	$____	$____
Portable External SSD ____TB	____	$____	$____

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

Shipping: $_____

TOTAL: $_____

Notes: All memory products carry a limited manufacturer warranty. Returns accepted within 30 days in original packaging.

Payment Terms: Due upon receipt.