INVOICE

[Business Name]
[Address Line 1]
[Phone / Email]

Invoice #: _____
Date: _____

BILL TO:

[Customer Name]
[Customer Address]
[Customer Phone]

PAYMENT INFO:

Method: _____
Transaction ID: _____

ITEM DESCRIPTION	SKU/SERIAL	QTY	UNIT PRICE	TOTAL

Subtotal: $ _____

Sales Tax: $ _____
Shipping: $ _____
TOTAL: $ _____

Notes: All equipment sales are final. 15% restocking fee applies to returns within 14 days. Manufacturers' warranties apply where applicable.

Thank you for your business!