INVOICE

No: _____
Date: _____

[Store/Seller Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO:

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

TRANSACTION INFO:

Payment Method: _____
Shipping Method: _____
Tracking No: _____

Description (Lens Model & Serial #)	Condition	Qty	Unit Price	Amount
[Brand/Model/Focal Length] S/N: _____	[New/Used]	1	$ 0.00	$ 0.00
[Accessories: Filter/Cap/Hood]	---	1	$ 0.00	$ 0.00

Subtotal: $ _____
Tax: $ _____
Shipping: $ _____
Total: $ _____

Terms: All sales are final unless otherwise specified. Lens functionality has been tested prior to shipment.

Thank you for your business.