RETAIL INVOICE

Digital Camera Solutions Ltd.

Invoice #: [000000]

Date: [DD/MM/YYYY]

Billed To:
[Customer Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

Store Location:
[Branch Address]
[City, State, Zip]
[Tax ID/VAT Number]

ITEM DESCRIPTION	SERIAL NUMBER	QTY	UNIT PRICE	TOTAL
[Digital Camera Body Model]	[S/N: 0000000]	0	$0.00	$0.00
[Lens Model]	[S/N: 0000000]	0	$0.00	$0.00
[Memory Card / Accessory]	-	0	$0.00	$0.00

Subtotal: $0.00
Sales Tax (%): $0.00

Total Amount: $0.00

Payment Terms: [Net 30/Due on Receipt]

Warranty Note: Keep this invoice as proof of purchase for manufacturer warranty claims. Professional gear may require registration within 30 days.