

INVOICE

[Production Company Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

Invoice #: _____

Date: _____

PO #: _____

BILL TO:

[Client Name]

[Company Name]

[Address]

[Tax ID/VAT]

SHIP TO:

[Contact Name]

[Shipping Address]

[City, State, Zip]

[Phone]

Style # / Description	Color	S	M	L	XL	Total Qty	Unit Price	Amount
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Subtotal: \$0.00

Shipping & Handling: \$0.00
Tax: \$0.00

TOTAL DUE: \$0.00

Payment Terms: [Net 30 / COD / 50% Deposit]

Notes: [Bank wire details, shipping carrier, or return policy]