

# [BOUTIQUE NAME]

[ADDRESS LINE 1, CITY, STATE, ZIP]

# INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

PO #: \_\_\_\_\_

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## BILL TO

[Customer Name]

[Store Name]

[Address]

[Phone/Email]

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## SHIP TO

[Recipient Name]

[Shipping Address]

[Shipping Method]

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| SKU / ITEM # | DESCRIPTION | SIZE/COLOR | QTY | UNIT PRICE | TOTAL |
|--------------|-------------|------------|-----|------------|-------|
|--------------|-------------|------------|-----|------------|-------|

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Subtotal \$0.00

Shipping \$0.00

Tax \$0.00

TOTAL DUE \$0.00

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**Payment Terms:** Net [30] Days. Please make checks payable to [Boutique Name].

**Notes:** All claims for shortages or damages must be made within 7 days of receipt.