

[MANUFACTURER NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

SALES INVOICE

Invoice #: _____

Date: _____

P.O. #: _____

Due Date: _____

BILL TO

[Customer Name]
[Billing Address]
[Tax ID/VAT #]

SHIP TO

[Recipient Name]
[Shipping Address]
[Shipping Method]

SKU / Item #	Description	Quantity	Unit Price	Discount %	Total

SKU / Item #	Description	Quantity	Unit Price	Discount %	Total

Subtotal: \$0.00

Shipping & Handling: \$0.00

Tax: \$0.00

Amount Due: \$0.00

Payment Terms: [e.g., Net 30]

Notes: Please include invoice number on all remittances. Goods remain property of [Manufacturer Name] until paid in full.