INVOICE

No: _____
Date: _____

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

BILL TO:

[Client Name]
[Company Name]
[Address]
[Phone]

SHIP TO:

[Delivery Address]
[Contact Person]
[Delivery Instructions]

Item Description	SKU/Model	Finish/Fabric	Qty	Unit Price	Total

Subtotal: $_____
Bulk Discount: ($_____)
Shipping/Freight: $_____
Tax: $_____
Amount Due: $_____

Terms & Conditions:
1. Payment is due within ___ days.

2. Delivery expected between [Date] and [Date].
3. Custom orders are non-refundable after production begins.