INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]
P.O. #: [0000]

BILL TO:
[Client Name]
[Client Company]
[Street Address]
[City, State, Zip]
SHIP TO:
[Shipping Recipient]
[Shipping Address]
[City, State, Zip]

SKU / Item #	Description	Quantity	Unit Price	Total

Subtotal: $0.00
Wholesale Discount: ($0.00)
Shipping: $0.00
Tax: $0.00

TOTAL: $0.00

Terms: Net 30. Please make checks payable to [Company Name].

Thank you for your business!