INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / EIN]

Invoice #:	[000001]
Date:	[MM/DD/YYYY]
PO #:	[PO-000]
Due Date:	**[Date + 30 Days]**

BILL TO:

[Customer Company Name]
[Accounts Payable Dept]
[Street Address]
[City, State, Zip]

SHIP TO:

[Customer Receiving Name]
[Warehouse/Store Address]
[City, State, Zip]

SKU / Item #	Description	Qty	Unit Price	Total
[SKU-001]	[Product Name/Description]	[0]	$0.00	$0.00
[SKU-002]	[Product Name/Description]	[0]	$0.00	$0.00

Subtotal: $0.00
Shipping: $0.00
Tax: $0.00

Total Amount: $0.00

TERMS: NET 30

Payment Instructions:
Please make checks payable to: [Your Company Name]
Wire/ACH Transfer: [Bank Name] | Routing: [000000] | Account: [000000]
Late Fee: 1.5% monthly interest applied to overdue balances.