# YOUR COMPANY NAME

# INVOICE

**BILL TO:**

[Customer Name]
[Business Name]
[Street Address]
[City, State, Zip]

**Invoice #:** [00001]
**Date:** [MM/DD/YYYY]
**Due Date:** [MM/DD/YYYY]
**P.O. #:** [Reference]

| SKU / Item # | Description | Quantity | Unit Price | Discount % | Total |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Subtotal: $0.00
Shipping: $0.00
Tax: $0.00
Amount Due: $0.00

**Terms:** Net 30. Please make checks payable to Your Company Name.

Contact: sales@yourcompany.com | 555-0123