INVOICE

[Supplier Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: [0000]
Date: [MM/DD/YYYY]
PO #: [0000]

Bill To:

[Customer Name]
[Business Name]
[Address]
[Phone]

Ship To:

[Shipping Address]
[City, State, Zip]
[Tracking Number]

SKU/Item #	Description	Quantity	Unit Price	Total
[ ]	[ ]	[ ]	$0.00	$0.00
[ ]	[ ]	[ ]	$0.00	$0.00
[ ]	[ ]	[ ]	$0.00	$0.00

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

Balance Due: $0.00

Payment Terms: [Net 30/Due on Receipt]

Notes: Please make checks payable to [Supplier Name]. Thank you for your business.