

# ENTERPRISE OFFICE SUPPLIES

123 Corporate Way, Suite 500  
Business District, NY 10001  
billing@enterpriseoffice.com

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
PO #: \_\_\_\_\_

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### BILL TO

Company Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### SHIP TO

Department: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

SKU / Item #	Description	Quantity	Unit Price	Total

**SKU / Item #**

**Description**

**Quantity**

**Unit Price**

**Total**

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Shipping: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Payment Terms: Net 30. Please make checks payable to **Enterprise Office Supplies**.

Thank you for your business!