

[COMPANY NAME]

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

INVOICE

[000000]
Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]
Attn: [Contact Name]

SHIP TO:

[Warehouse/Office Location]
[Shipping Address]
[City, State, Zip]
PO Number: [0000-00]

SKU / Item #	Description	Qty	Unit Price	Total

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

Notes: Please include invoice number on your check. Net 30 payment terms apply.

Thank you for your business.