

INVOICE

[Business Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name / Company]
[Address]
[Phone Number]

SHIP TO:

[Shipping Contact]
[Shipping Address]
[Carrier/Method]

Item / Pattern ID	Fabric Description (Composition/Weight)	Quantity (Yards/Rolls)	Unit Price	Total
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Subtotal: \$ _____
Shipping & Handling: \$ _____
Sales Tax: \$ _____

TOTAL DUE: \$ _____

Payment Terms: [Net 30 / COD / Wire Transfer]

Notes: All cotton goods are inspected for defects. No returns accepted after cutting.