

TEXTILE MILL CO.

123 Industrial Way
Fabric District, NY 10001
VAT: 00-0000000

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO

Customer Name

Address Line 1
City, State, Zip
Contact: _____

SHIPPING DETAILS

Carrier: _____
Loom/Batch #: _____
Ship Date: _____

Fabric Description / Grade	Width/GSM	Rolls	Quantity (Yds/Mtr)	Unit Price	Total
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Subtotal: \$0.00

Tax (___%): \$0.00
Freight: \$0.00
Total Due: \$0.00

Terms: Net 30 Days. All fabric must be inspected before cutting. No returns accepted after goods are processed.

Authorized Signature: _____