

PREMIUM TEXTILES LTD.

INVOICE

#INV-0000

Bill To:

[Client Name]
[Address Line 1]
[City, State, Zip]
[Tax ID]

Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]
PO Number: [Reference]

FABRIC DESCRIPTION & GSM	COLOR/ROLL ID	QUANTITY (YDS/MTR)	UNIT PRICE	TOTAL
[Product Name/Description]	[Ref Code]	0.00	\$0.00	\$0.00
[Product Name/Description]	[Ref Code]	0.00	\$0.00	\$0.00

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

Payment Terms: Net 30. Please include invoice number with remittance.
Bank Details: [Bank Name] | SWIFT: [Code] | Account: [Number]
Contact: logistics@premiumtextiles.com