

INVOICE

INVOICE #: _____

DATE: _____

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

BILL TO:

SHIP TO / DELIVERY ADDRESS:

P.O. NUMBER: _____

SHIP VIA: _____

CONTAINER/SEAL #: _____

PAYMENT TERMS: _____

Roll #	Fabric Description / Composition	Color/Dye Lot	Width	Gross Weight	Net Length (Yds/M)	Unit Price	Total

Total Rolls: _____

Subtotal: _____

Shipping & Handling: _____

Grand Total ([Currency]): _____

NOTES: _____

Goods remain property of [Company Name] until paid in full. All claims must be made within 7 days of receipt.