

[MANUFACTURER NAME]

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

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO

[Customer Company Name]
[Contact Person]
[Address Line 1]
[Address Line 2]

SHIP TO / DELIVERY POINT

[Shipping Facility Name]
[Loading Dock/Gate]
[Address Line 1]
[Address Line 2]

Part / SKU #	Description / Specifications	Quantity	Unit	Unit Price	Total

PAYMENT & SHIPPING TERMS

Payment Terms: [e.g., Net 30]
Method of Dispatch: [e.g., Freight/EXW]
Notes: _____

Subtotal: \$ 0.00
Tax / VAT: \$ 0.00
Shipping/Handling: \$ 0.00
Total Amount Due: \$ 0.00

Make all checks payable to [Manufacturer Name].
Electronic Funds Transfer (EFT) Instructions: Bank: [Bank Name] | Acct: [Number] | Routing: [Number]

Thank you for your business.