

INVOICE

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

Invoice #: [00000]
Date: [MM/DD/YYYY]
P.O. Number: [PO-000]

BILL TO:

[Customer Company Name]
[Contact Name]
[Billing Address]
[Phone/Email]

SHIP TO:

[Facility/Warehouse Name]
[Shipping Address]
[Loading Dock/Attn:]

Part / SKU #	Description of Goods	Quantity (Units)	Unit Price	Total

Subtotal: \$0.00
Bulk Discount (%): -\$0.00

Freight/Shipping: \$0.00
Tax: \$0.00

TOTAL DUE: \$0.00

Payment Terms: Net [30] Days

Notes: Please include invoice number on all remittances. Goods remain property of [Company] until full payment is received.