

# [COMPANY NAME]

[Street Address]  
[City, State, Zip]  
Phone: [000-000-0000]  
Email: [email@address.com]

## INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

PO #: \_\_\_\_\_

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### BILL TO

[Customer Name]  
[Business Name]  
[Address line 1]  
[Address line 2]

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### SHIP TO / JOB SITE

[Contact Name]  
[Job Site Name/Address]  
[Delivery Instructions]

Item Code	Description	Qty	Unit	Price	Total

Item Code	Description	Qty	Unit	Price	Total

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

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**Total Amount: \$0.00**

**PAYMENT TERMS & NOTES**

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Net 30. Please make checks payable to **[Company Name]**. A 1.5% monthly late fee applies to overdue balances.

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Thank you for your business. For returns or discrepancies, please contact us within 48 hours of delivery.