

INVOICE

[Industrial Safety Co. Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
P.O. #: _____

BILL TO:

[Client Name]
[Company Name]
[Address]
[Tax ID]

SHIP TO:

[Project Site / Warehouse]
[Contact Name]
[Address]

SKU / Item Description	Qty	Unit Price	Total
[Ex: Hard Hat, Type II, Yellow]			
[Ex: High-Vis Vest, Class 3]			
[Ex: Steel Toe Boots, Size 10]			

SKU / Item Description	Qty	Unit Price	Total
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[Ex: N95 Respirators, 20pk]

Subtotal: \$0.00

Tax: \$0.00

Shipping: \$0.00

TOTAL: \$0.00

Notes / Certifications: [ANSI/OSHA Compliance Statement]

Terms: Net 30. Please make checks payable to [Company Name].