[CORPORATE NAME]

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

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

[Client Company Name]
[Client Address Line 1]
[Client Address Line 2]
Attn: [Contact Name]

SHIP TO:

[Shipping Name/Warehouse]
[Shipping Address Line 1]
[Shipping Address Line 2]
Method: [Freight/Ground]

SKU / Item #	Description	Quantity	Unit Price	Discount %	Total

Subtotal: $0.00
Shipping & Handling: $0.00
Tax: $0.00
Balance Due: $0.00

PAYMENT TERMS & INSTRUCTIONS

Net [30] Days. Please make checks payable to **[Corporate Name]**.

Wire Transfer / ACH: [Bank Name] | Routing: [Number] | Account: [Number]

Thank you for your business.