[INDUSTRIAL COMPANY NAME]

[Street Address]
[City, State, Zip]
Phone: [000-000-0000]
Tax ID: [00-0000000]

INVOICE

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

BILL TO:

[Customer Name]
[Company Name]
[Street Address]
[City, State, Zip]

SHIP TO:

[Receiver Name]
[Warehouse/Site Address]
[City, State, Zip]
Attn: [Contact Person]

Item / Part #	Description	Qty	Unit Price	Total

Item / Part #	Description	Qty	Unit Price	Total

Subtotal: $0.00
Shipping/Freight: $0.00
Tax Rate: 0.00%
Total Amount: $0.00

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

Note: All industrial hardware and machinery supplies are subject to manufacturer warranty. Returns require an RMA number.