INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: [00000]
Date: [MM/DD/YYYY]
PO #: [00000]

BILL TO:

[Customer Name]
[Customer Business Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT]

SHIP TO:

[Recipient Name]
[Shipping Address]
[City, State, Zip]
[Shipping Method]

SKU / Item #	Description (Fabric/Color/Weight)	Quantity (Yds/Rolls)	Unit Price	Total

Subtotal: $0.00

Shipping & Handling: $0.00
Tax: $0.00

Total Amount: $0.00

Payment Terms: [e.g., Net 30]
Notes: [e.g., Returns accepted for defective fabric only within 14 days.]

Thank you for your business.