INVOICE

[Business Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

[Customer Name]
[Address]
[Phone]

DELIVERY / INSTALLATION ADDRESS:

[Street Address]
[City, State, Zip]

Description (Brand/Model/Serial)	Qty	Unit Price	Total

NOTES / WARRANTY TERMS:

_____

_____

Subtotal: $_____
Delivery/Labor: $_____
Sales Tax: $_____
Total Due: $_____

Thank you for your business. Please make checks payable to: **[Business Name]**

Authorized Signature: _____ Date: _____