INVOICE

Date: August 24, 2016
Invoice # [100]

[Your Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Fax [000-000-0000]
[E-mail address]

TO:
[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

SHIP TO:
[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

SALESPERSON	JOB	SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE	PAYMENT TERMS	DUE DATE
					Due on Receipt	

QUANTITY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT	LINE TOTAL
			Total Discount		
				Subtotal	
				Sales Tax	
				Total	

YOUR LOGO HERE

[Your company slogan]

Make all checks payable to [Your Company Name]

THANK YOU FOR YOUR BUSINESS!