Company Name

INVOICE

Company Slogan

Street Address
City, ZIP Code
Phone 111.123.1234 Fax 111.123.1234

DATE: November 20, 2007
INVOICE # 100

Bill To:
Name
Company Name
Street Address
City, ZIP Code
Phone

Ship To:
Name
Company Name
Street Address
City, ZIP Code
Phone

Comments or Special Instructions:

SALESPERSON	P.O. NUMBER	SHIP DATE	SHIP VIA	F.O.B. POINT	TERMS
					Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
			$ -
		SUBTOTAL	$ -
		TAX RATE	8.60%
		SALES TAX	-
		SHIPPING & HANDLING	
		TOTAL	$ -

Make all checks payable to **Your Company Name**
If you have any questions concerning this invoice, contact Name, Phone Number, E-mail Address

THANK YOU FOR YOUR BUSINESS!