

INVOICE

Invoice #:	
Invoice Date:	
Due Date:	

[LOGO]

BILL FROM

[Name]
[Company Name]
[Street Address]
[City, State, Zip]
[Phone]
[E-Mail]

BILL TO

[Name]
[Company Name]
[Street Address]
[City, State, Zip]
[Phone]
[E-Mail]

ID	Description	QTY	PRICE	TOTAL

TERMS AND CONDITIONS
Please send payment within 30 days of receiving this invoice. There will be a 1.5% interest charge per month on late invoices.

Sub Total	
Discount	
Tax	
Invoice Total	