

COMPANY NAME
123 Anystreet
Your City, USA 12345
Phone (123) 456-7890

INVOICE NUMBER <hr style="width: 80%; margin: 0 auto;"/>
--

S _____
O _____
L _____
D _____
T _____
O _____

S _____
H _____
I _____
P _____
T _____
O _____

Ordered By _____

Phone _____

Date	P.O. #	Terms:	Ship Via:				
QUANTITY	DESCRIPTION				UNIT PRICE	AMOUNT	
CASH	CHECK#	VISA	MC	CHARGE	RESALE/TAX EXEMPT#	Subtotal	
Signature _____ Date _____						Tax	
						Shipping Charge	
						TOTAL	
						Deposit	
						BALANCE DUE	

PLEASE PAY FROM INVOICE