

Company Name: _____

Name: _____

Street Address: _____

City, State: _____, _____

ZIP Code: _____

Phone: _____

E-mail: _____

PAID-IN- FULL INVOICE

Invoice #: _____

Date: _____

Client / Customer

Name: _____

Street Address: _____

City, State: _____, _____

ZIP Code: _____

Description	Amount (\$)

NOTE: _____

SUBTOTAL

DISCOUNT

TAX

TOTAL

Thank you for your business!