

Company Name: _____

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Phone: _____

E-mail: _____

SALES TAX INVOICE

Invoice # _____

Date: _____

Bill to

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Ship to

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Description	Quantity	\$ / Unit	Amount (\$)

Comments or Special Instructions:

Payment is due within ____ days.

SUBTOTAL	
DISCOUNT	
SHIPPING	
SALES TAX	
TOTAL	

Thank you for your business!