

Company _____
Street Address _____
City, State & Zip _____
Telephone _____
Fax _____



INVOICE NO. _____ **DATE** _____

| BILL TO | SHIP TO (NAME) | ADDRESS |
|---------|----------------|---------|
| _____ | _____ | _____ |

| QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL |
|----------|-------------|------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SUBTOTAL _____
SALES TAX _____
SHIPPING & HANDLING _____
TOTAL DUE BY _____