PROFESSIONAL INVOICE

Company Name: _____
Street Address: _____
City, State, Zip Code: _____ _____
Telephone: _____
Email: _____

Bill To	*Deliver To (if Different)*	**Invoice No: _____**
_____ _____ _____ _____ **Attention:** _____	_____ _____ _____ _____ **Attention:** _____	Date : _____ Your Ref # : _____ Our Ref # : _____ Terms : _____

Description	Quantity	Unit Price	Amount
		Sub Total	
Comments & Instructions:		**Tax**	
_____		**Freight**	
		Total	

Terms & Conditions

Please make all checks payable to: _____