Company _____

Address: _____
City, State, Zip: _____
Telephone: _____

Fax: _____ Email: _____

INVOICE

Bill To	*Deliver To*	**Invoice No # _____**
_____ _____ _____ _____ **Attention :** _____	_____ _____ _____ _____ **Attention :** _____	Date : _____ Your Ref # _____ Our Ref # _____ Terms : _____

Description	Quantity	Unit Price	Amount

Comments & Instructions: _____	**Sub Total**	
	Tax	
	Freight	
	Total	

Terms & Conditions:

- Please make all checks payable to: _____

Invoice-Template.com