COMPANY NAME

Company Address
City, State ZIP Code
Phone Number fax Fax Number

Invoice No.

INVOICE

Customer

Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____

Date _____
Order No. _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
		SubTotal	$0.00
		Shipping & Handling	
		Taxes State	
		TOTAL	$0.00

Payment Details

- ◉ Cash
- ○ Check
- ○ Credit Card

Name _____
CC # _____
Expires _____

Office Use Only

Insert Details Here

Insert Footer Here