

Company Name

Invoice No.

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

INVOICE

Customer

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

Date _____
 Order No. _____
 Rep _____
 FOB _____

Qty	Description	Unit Price	TOTAL

Payment Details

Cash
 Check
 Credit Card

Name _____
 CC # _____
 Expires _____

SubTotal	\$0.00
Shipping & Handling	_____
Taxes State	_____
TOTAL	\$0.00

Office Use Only

Insert Fine Print Here

Insert Farewell Statement Here