INVOICE

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COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

DATE:

DUE DATE:

INV. NO.:

PAGE NO.:

SHIP VIA	FOB	TERMS	YOUR #	OUR #	SALES REP

DESCRIPTION / ITEM NUMBER	ORDERED / UNIT MEASURE	SHIPPED / BACKORDERED	UNIT PRICE / ITEM DISCOUNT	EXTENDED PRICE

SUB TOTAL	
TAX	
TOTAL	
NET TO PAY	

Form # 615