INVOICE

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COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

DATE: **INV. NO.:**
DUE DATE: **PAGE NO.:**

REFERENCE		TERMS	YOUR #	OUR #	SALES REP

DESCRIPTION REFERENCE	UNIT MEASURE	QUANTITY	UNIT PRICE ITEM DISCOUNT	EXTENDED PRICE

SUB TOTAL	
TAX	
TOTAL	
NET TO PAY	

Form # 616