

INVOICE



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

INVOICE NUMBER:

INVOICE DATE:

PAGE:

SOLD TO:

SHIP TO:

CUSTOMER I.D.:

DUE DATE:

TERMS:

JOB / ORDER NO.:

SALESPERSON:

ITEM I.D./DESCRIPTION	NET	TAX

SUBTOTAL
TAX
PAYMENTS
TOTAL