

INVOICE NUMBER

DATE

AMOUNT

DISCOUNT

NET AMOUNT

DATE

CHECK NUMBER



COMPANY NAME

STREET ADDRESS  
CITY, STATE, ZIP CODE  
PHONE NUMBER

BANK NAME  
CITY, STATE, ZIP CODE  
ABA FRACTION

000001

PAY

TO THE  
ORDER  
OF

DATE

AMOUNT

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈