

INVOICE



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

INVOICE NO.

CUSTOMER NO.

BILL TO:

SHIP TO:

SHIP VIA		F.O.B.		TERMS		SALESPERSON	
SHIP DATE	ORDER DATE	S.O. #	ORDERED BY	PURCHASE ORDER NUMBER		RESALE #	
ORDER QUANTITY	SHIPPED QUANTITY	TAX	ITEM NUMBER ITEM DESCRIPTION			UNIT PRICE	EXTENDED PRICE

PRINT DATE
PRINT TIME
PAGE #

TOTAL PAID
CREDIT APPLIED
BALANCE DUE

SUBTOTAL
FREIGHT
SALES TAX

INVOICE TOTAL