INVOICE

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COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

INVOICE DATE | INVOICE NO. | PAGE

PURCHASE ORDER NUMBER

ORDER	DATE	CUSTOMER NO.	REP	SHIP DATE	SHIP VIA	TERMS	DUE DATE

QUANTITY ORDERED	ITEM NUMBER			UNIT PRICE
QUANTITY SHIPPED	UNIT	% DISC	DISCOUNT AMOUNT	EXTENDED PRICE
QUANTITY B/O	DESCRIPTION			

SALE AMT.	
MISC CHG.	
FREIGHT	
SALES TAX	
TOTAL	
PMNT. REC.	
BAL. DUE	