



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

INVOICE

INVOICE NUMBER:

INVOICE DATE:

PAGE:

SOLD TO:

SHIP TO:

SHIP VIA:
SHIP DATE:
DUE DATE:
TERMS:

CUST. ID.:
P.O. NUMBER:
P.O. DATE:
OUR ORDER NO.:
SALESPERSON:

ITEM I.D. / DESCRIPTION	ORDERED	SHIPPED	UNIT	PRICE	NET	TX

SUBTOTAL:	
TAX:	
PAYMENTS:	
TOTAL:	