INVOICE

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COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

INVOICE NUMBER:

INVOICE DATE:

PAGE:

SOLD TO:

CUSTOMER ID	CUSTOMER PO	PAYMENT TERMS	
SALES REP ID	**SHIPPING METHOD**	**SHIP DATE**	**DUE DATE**

QUANTITY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION

Form # 618