INVOICE

COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

Your Custom Logo Here

SALESPERSON	YOUR ORDER NO.	SHIP VIA	COL	PPD	SHIP DATE	TERMS	DATE	PG.

QUANTITY	ITEM NO.	DESCRIPTION	PRICE	UNIT	DISC %	EXTENDED PRICE	TX

SALE AMOUNT	
FREIGHT	
SALES TAX	
TOTAL AMOUNT	
PAID TODAY	
BALANCE DUE	

Form # 620