INVOICE

Your Custom Logo Here

COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

CUSTOMER NO.

BILL TO:

SHIP TO:

DATE	SHIP VIA	F.O.B.	TERMS

PURCHASE ORDER NUMBER	ORDER DATE	SALESPERSON	OUR ORDER NUMBER

QUANTITY			ITEM NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
REQUIRED	SHIPPED	B.O.				

Thank You

Form # 628