INVOICE

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COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

INVOICE NUMBER:

INVOICE DATE:

PAGE:

SOLD TO:

SHIP TO:

CUSTOMER I.D.	CUSTOMER P.O.	PAYMENT TERMS	

SALES REP. I.D.	SHIPPING METHOD	SHIP DATE	DUE DATE

QUANTITY	ITEM	DESCRIPTION	BACKORDER	UNIT PRICE	EXTENSION

SUBTOTAL	
SALES TAX	
FREIGHT	
TOTAL INVOICE AMOUNT	
PAYMENT RECEIVED	
TOTAL	

Form # 636