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COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

INVOICE

INVOICE NO.

SOLD TO:

SHIP TO:

ACCOUNT NO.	SALESPERSON NUMBER	PURCHASE ORDER NO.	SHIP VIA	TERMS	INVOICE DATE		PAGE

QTY. ORDERED	QTY. SHIPPED	QTY. BACK ORDERED	ITEM NO.	DESCRIPTION	REQUESTED SHIP DATE	UNIT PRICE	EXTENDED PRICE

	SALE AMOUNT	
	MISC. CHARGES SALES TAX FREIGHT	
Thank You	TOTAL	

Form # 641