FROM:
Name
Address
Contact Number
Email
ABN

TAX INVOICE

INVOICE # 000

DATE:
DAY/MONTH/YEAR

TO
Arts North West
PO BOX 801
Glen Innes NSW 2370
ABN 13 294 582 557
office@artsnw.com.au

QUANTITY	DESCRIPTION	UNIT PRICE	GST	AMOUNT

SUBTOTAL	
GST	
SHIPPING & HANDLING	
TOTAL AMOUNT DUE	

EFT
Bank:
Branch:
BSB:
Account number:
Account Name:
Payment terms: 14 Days

PROMPT PAYMENT IS APPRECIATED
THANK YOU!