

INVOICE

Company Name:

Address:

Contact details:

DATE

INVOICE NO.

Payment terms:

BILL TO

Contact Name:

Client Company Name:

Address:

Phone:

Email:

SHIP TO

Name / Dept:

Client Company Name:

Address:

Phone:

Payment Instructions:

SUBTOTAL

DISCOUNT

SUBTOTAL LESS DISCOUNT

TAX RATE

SHIPPING/HANDLING

BALANCE DUE