INVOICE

Date:

Invoice #:

Bill To:

Ship To:

SALESPERSON	SHIP VIA	SHIP DATE	TERMS	DUE DATE

Item #	Description	Quantity	Unit Price	Total

Please enter tax rate in a decimal form.
Example: 0.10 for 10%, 0.05 for 5%

Tax Rate:

Sales Tax:

Subtotal:

Shipping:

Other:

TOTAL:

If you have any concerns regarding this invoice, please contact

THANK YOU FOR YOUR BUSINESS!

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