

YOUR COMPANY NAME

Address (first line)

Address (second line)

City, State or Province, Postal Code

Phone Number

Fax Number

SHIP TO: Company name

Address (first line)

Address (second line)

City, State or Province, I

BILL TO: Person or company

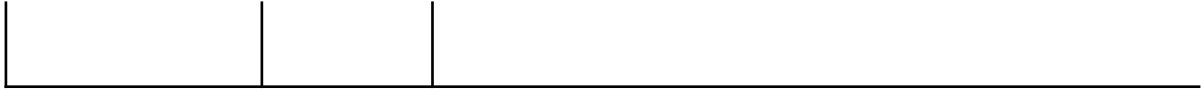
Address (first line)

Address (second line)

City, State or Province, I

| | |
|---------------------|---------------------|
| Salesperson: | Date of order: |
| Payment terms: | Date order shipped: |
| Method of shipment: | FOB point: |
| Invoice number: | Invoice date: |
| Order number: | |

| ITEM NO. | QTY. | DESCRIPTION |
|----------|------|-------------|
| | | |



Tax rate:

INVOICE

Postal Code

Postal Code

| | PRICE EACH | AMOUNT |
|--|------------|--------|
| | | |

| | | |
|--|---------------------------------|---------|
| | | |
| | <i>Sub total:</i> | |
| | <i>Tax:</i> | #VALUE! |
| | <i>Shipping & handling:</i> | |
| | <i>Previous amount owing:</i> | |
| | <i>Credit:</i> | |
| | <i>You pay this amount:</i> | #VALUE! |