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)

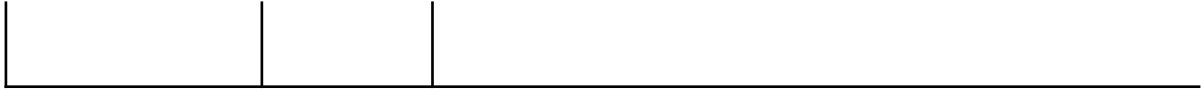*City, State or Province, I*

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

Sub total:	
Tax:	#VALUE!
Shipping & handling:	
Previous amount owing:	
Credit:	
You pay this amount:	#VALUE!