

INVOICE

Invoice No. _____

Your reference No. _____

Send Remittance to:

() Date Ordered ___/___/___
 () Date Shipped ___/___/___
 ()

Acct.No. _____ Sales Person _____ Purchaser _____

Sold to: Shipping Address:

() ()
 () ()
 () ()

Qty Qty Item Description : Unit Extended
 Ordered: Shipped: No. : Price : Cost

Sub-total _____
 Tax _____
 Freight _____

Please pay this invoice: No statement will be sent

TOTAL DUE _____