[SALES INVOICE]

COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE

SOLD TO: _____

| **REFER TO INVOICE #** |
| **IN ALL CORRESPONDENCE.** |
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SHIP TO: |_____| / / |_____|
| INVOICE # | DATE | PAGE NO. |

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Shipping Instructions	Terms	Account No.	Order Date	Date Shipped

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ITEM	QUAN.	NS	PRICE	DISC.%	AMOUNT

DO NOT PAY ON THIS INVOICE

We guarantee satisfaction However, all claims must be made within _____

days of receipt.