	INVOICE NO.  DATE
	ACCOUNT NO.
INVOICE	YOUR P.O. NO.
	TERMS
	SHIP VIA
	FOB SALESMAN
	JALLSIMAN

QTY.	UNIT	DESCRIPTION	UNIT PRICE		AMOUNT	
PLEASE PAY FROM THIS INVOICE		SUB TO	TAL			
			TAX <b>TOTAL</b>			

FORM #15