

Small Business Invoice

Small Business Invoice			
Company Name:			
Send payment to [Customer name, address, contact]			
Invoice No.		Date:	
Customer Name:			
Company:		Order No.	
Street:		Sales person:	
City:		Shipped by:	
State/Zip :		Telephone Number:	
No. Products Ordered:		No. Products Shipped:	
Item description			
Unit Price:		Total price:	
Amount:		Sales tax:	
Shipping:		Amount due:	
I certify that information provided herein is true and accurate.			
Sign		Date	sampleforms.org