INVOICE

Date: [Enter a Date]
Invoice # [1000]

[Your Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Fax [000.000.0000]
[e-mail]

To:
[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

Salesperson	Job	Payment Terms	Due Date
		Due on receipt	

Qty	Description	Unit Price	Line Total
		Subtotal	
		Sales Tax	
		Total	

YOUR LOGO HERE

[Your company slogan]

Make all checks payable to [Your Company Name]

Thank you for your business!