

YOUR LOGO
HERE

INVOICE

[Your Company Name]

[Your Company Slogan]

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

INVOICE # [100]
DATE: AUGUST 19, 2005

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	

Make all checks payable to [Your Company Name]
THANK YOU FOR YOUR BUSINESS!