

# Invoice

	<b>INVOICE #</b>
	Date
	Your P.O. #

<b>SOLD TO:</b>  Name: Address:  Phone/Fax:	<b>SHIP TO:</b>  Name: Address:  Phone/Fax:
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## PLEASE PAY THIS INVOICE

Our Tax Registration Number	Salesperson	Date Shipped	Shipped VIA	F.O.B Point	Terms Offered

Quantity	Item #	Description	Unit Price	Total

<b>NOTES:</b>  Make all checks payable to: _____  If you have any questions concerning this invoice, call: _____	Subtotal Sales Tax Shipping Other	
THANK YOU FOR YOUR ORDER    ➡	<b>TOTAL</b>	<b>\$</b>