

# Company Name

# INVOICE

INVOICE #:

DATE:

**MAILING  
INFO**

Street Address

City, ST ZIP

Phone: (000) 000-0000

Fax: (000) 000-0000

**BILL  
TO**

Name

Customer ID

Street Address

City, ST, ZIP

Phone

DESCRIPTION

AMOUNT

**OTHER COMMENTS**

1. Total payment due in 30 days
2. Please include the invoice number on your check

SUBTOTAL

TAX RATE

TAX

SSH

DISCOUNT

**TOTAL**

Thank You For Your Business!

Make all checks payable to:  
Your Company Name