

Company \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_



INVOICE NO. \_\_\_\_\_

DATE \_\_\_\_\_

BILL TO

SHIP TO (NAME)

ADDRESS

\_\_\_\_\_

QUANTITY

DESCRIPTION

UNIT PRICE

TOTAL

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

SUBTOTAL \_\_\_\_\_  
SALES TAX \_\_\_\_\_  
SHIPPING & HANDLING \_\_\_\_\_  
**TOTAL DUE BY** \_\_\_\_\_