|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Invoice | | | | Date: [Enter a Date]  Invoice # [100] | | | |
| [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 | | | | | | |  |
| Logo placeholder | [Your company slogan] | | | Make all checks payable to [Your Company Name]  Thank you for your business! | | | |