PRINTED WITH SOY INK

YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number
Advertising Line

INVOICE

001001

DATE:

SOLD TO

SHIP TO

CUST. ORDER NO.	DATE SHIPPED	SHIPPED VIA	TERMS	SALESMAN	F.O.B.	OUR ORDER NO.

QTY. ORDERED	B/O	QTY. SHIPPED	DESCRIPTION	UNIT PRICE	AMOUNT

Thank You