



YOUR COMPANY NAME

Address  
CITY, STATE, ZIP CODE  
Phone Number  
Advertising Line

INVOICE

001001

DATE:

S O L D  T O						S H I P  T O								
CUST. ORDER NO.		DATE SHIPPED		SHIPPED VIA			TERMS		SALESMAN		F.O.B.		OUR ORDER NO.	
QUANTITY		DESCRIPTION								UNIT PRICE		AMOUNT		