COMPANY NAME

Company Address
City, State ZIP Code
Phone Number fax Fax Number

Invoice No.

INVOICE

Customer

Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____

Date 10/3/01
Order No. _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL

	SubTotal	$0.00
	Shipping & Handling	
Taxes	State	
	TOTAL	$0.00

Payment Details

- ◉ Cash
- ○ Check
- ○ Credit Card

Name _____
CC # _____
Expires _____

Office Use Only

Insert Fine Print Here

Insert Farewell Statement Here