INVOICE

(Your Company Name)
(Your Company Address)
(City, State Zip)

Telephone # Fax #

Date:	*Invoice No:*	*Terms:*

Sold To: (Name of Company)
(Company Address)
(City, State)
(Zip)

Qty Ordered	*Qty Shipped*	*Description*	*Price*	*Total*

Thank you for choosing (Company Name).
We look forward to serving you in the future.
Terms: 2% 10 days, net 30 days for future orders.

Subtotal	
GST	
Total	