

FROM

Business name

Address

City / State / ZIP

Phone / Email

INVOICE

Invoice #: _____

Invoice date: _____

Due date: _____

BILL TO

Name / Company

Address

City / State / ZIP

Email / Phone

Item #	Description	Qty	Unit price	Disc. %	Amount

Subtotal _____

Discount _____

Tax (____ %) _____

Shipping _____

TOTAL _____

Amount paid _____

BALANCE DUE _____

PAYMENT TERMS & INSTRUCTIONS