Invoice

1001

YOUR COMPANY NAME HERE
123 Main Street
YOUR TOWN, STATE and ZIP

Phone 123-4567

DATE: _____

SHIP TO: _____

DELIVER TO: _____

SALESPERSON	CASH	CHARGE	C.O.D.	ORDER NUMBER	ADD ON	REOPEN	NEW ACCT.	TERMS

QTY.	STOCK NO.	MFR.	DESCRIPTION	UNIT PRICE	TOTAL

DELIVERY INSTRUCTIONS

MERCHANDISE TOTAL	
SALES TAX	
TOTAL	
DOWN PAYMENT	
BALANCE DUE	

RECEIVED IN GOOD CONDITION BY: DATE:

DELIVERED BY: DATE:

SAMPLE

Reorder #INV8511-0003 www.printedbrands.com

Thank You