

**YOUR COMPANY NAME HERE**

123 Main Street  
YOUR TOWN, STATE and ZIP

**Phone 123-4567**

# INVOICE

**1001**

SOLD TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SHIP TO	INVOICE DATE
	CUSTOMER ORDER NO.
	ORDERED BY

ACCOUNT NO.	TAX EXEMPT NO.	BACK ORDER FROM	BACK ORDER TO	<input type="checkbox"/> CALL W/BACK ORDER Ph. #		
SALESPERSON	QUOTE NO.	CUSTOMER PICK UP <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE SHIPPED	SHIP VIA	F.O.D.	<input type="checkbox"/> PPD. <input type="checkbox"/> COLL

QUANTITY ORDERED	QUANTITY SHIPPED	BACK ORDERED	STOCK NO.	DESCRIPTION	LIST UNIT PRICE	TOTAL LIST EXTENSION	DISCOUNT %	TOTAL NET AMOUNT
<h1>SAMPLE</h1>								

PACKED BY	WEIGHT
DELIVERY <input type="checkbox"/> PARTIAL <input type="checkbox"/> COMPLETE	BACK ORDER NO
DELIVERY BY	DATE / /
RECEIVED IN GOOD CONDITION BY:	DATE / /

**TERMS:**  COD  CASH  CHANGE  
 MORE RETURNED  CONTRACT NO

<b>SUB-TOTAL</b>	
<b>TAX</b>	
HANDLING AND / OR SHIPPING	
MISC. CHARGES _____	
<b>TOTAL →</b>	