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

Phone 123-4567

Invoice

1001

TO

DATE	ORDER NO.
SHIP TO	

SALESPERSON	DATE SHIPPED	SHIPPED VIA	F.O.B. POINT	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

SAMPLE

Reorder #INV8511-0013 www.printedbrands.com

Thank You!