Account
Receivable invoice

Invoice No. _____

Date _____

Company Name

Name _____

Address _____

City, State _____

ZIP Code _____

Phone _____

Email _____

Client/Customer

Name _____

Address _____

City, State _____

ZIP Code _____

Description	Amount ($)
Subtotal	
Discount	
Tax	
TOTAL	

Comments or Special Instructions:

Payment is due within _____ days.

Thank you for your business!