

# Bill Invoice

Date \_\_\_\_\_

Invoice No. \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State,/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Bill to:

## Ship to:

Name \_\_\_\_\_

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Description	Quantity	Unit Price	Total

Subtotal \_\_\_\_\_

Discount \_\_\_\_\_

Tax Rate \_\_\_\_\_

Total Tax \_\_\_\_\_

Shipping/Handling \_\_\_\_\_

**BALANCE DUE** \_\_\_\_\_

Remarks / Payment Instructions: