Commercial Invoice

Company:	_____	**Invoice No.**	_____
Address:	_____	Date:	_____
Phone:	_____		
Email:	_____		

Bill to:	_____	**Ship to:**	_____
Address:	_____	Address:	_____
City:	_____	City:	_____
State/Province:	_____	State/Province:	_____
Zip/postal code:	_____	Zip/postal code:	_____
Country:	_____	Country:	_____
Phone:	_____	Phone:	_____
Email:	_____	Email:	_____

SALESPER-SON	P.O. NUMBER	SHIP DATE	SHIP VIA	F.O.B. POINT	TERMS

Description	Quantity	Unit Price	Amount
		Subtotal	
		Tax Rate	
		Sales Tax	
		Ship. & Handling	
		TOTAL	

Make all checks payable to _____.
If you have any questions concerning this invoice, contact _____ at _____
or by email at _____.