

# Customer Invoice

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

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

**To:**

**Ship to:**

Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_

Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

Description	Quantity	Unit Price	Amount

Subtotal \_\_\_\_\_  
 Sales Tax \_\_\_\_\_  
 Shipping & Handling \_\_\_\_\_  
**TOTAL DUE** \_\_\_\_\_

Make all checks payable to Your Company Inc.  
 If you have any questions concerning this invoice, contact: Contact Name at \_\_\_\_\_ or \_\_\_\_\_.