

\_\_\_\_\_  
 (Seller Name)  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Tel.: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

# INVOICE

Date: \_\_\_\_\_  
 Invoice Number: \_\_\_\_\_  
 Account No.: \_\_\_\_\_  
 Purchase Order No.: \_\_\_\_\_

## Billing Address

Name: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Tel.: \_\_\_\_\_

## Delivery Address

Name: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Tel.: \_\_\_\_\_  
 Shipping Date: \_\_\_\_\_

Description	Quantity	Unit Price	Total
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**Subtotal** \$ \_\_\_\_\_  
**Sales Tax** @ \_\_\_\_\_ % \$ \_\_\_\_\_  
**Shipping** \$ \_\_\_\_\_  
**Other:** \_\_\_\_\_ \$ \_\_\_\_\_  
**(Discount)** (\$ \_\_\_\_\_)  


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**Total Amount Payable** \$ \_\_\_\_\_

### Payment Terms:

Please make payment by one of the following methods: (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Cash            | <input type="checkbox"/> Money order          |
| <input type="checkbox"/> Personal check  | <input type="checkbox"/> Credit or debit card |
| <input type="checkbox"/> Cashier's check | <input type="checkbox"/> PayPal               |
| <input type="checkbox"/> Other: _____    |   |

Total amount is due (Check one)  \_\_\_\_\_ days from the date of this invoice  on or before  
 \_\_\_\_\_, 20\_\_\_\_  N/A.

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

