INV-

COMPANY:

Date: / /

BILL TO:

|  |  |  |  |
| --- | --- | --- | --- |
| I T E M | D E S C R I P T I O N | P R I C E A M O U N T |  |
|  |  |  |  |
| 1. |   | $ $  |  |
| 2. |   | $ $  |  |
| 3. |   | $ $  |  |
|  |  | Sub Total: $ Sales Tax: $  |  |
|  |  | T O T A L : $ \_ \_ \_ \_ \_ \_ . \_ \_ |  |

# PAYMENT INFORMATION:

Name: Bank: Account:

# TERM AND CONDITIONS:

Payment is due days from the invoice date.

