



COMPANY: _____

Date: __/__/__

INV- _____

BILL TO:

ITEM	DESCRIPTION	PRICE	AMOUNT
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____

Sub Total: \$ _____

Sales Tax: \$ _____

TOTAL: \$ _____.

PAYMENT INFORMATION:

Name: _____

Bank: _____

Account: _____

TERM AND CONDITIONS:

Payment is due __ days from the invoice date.






