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INVOICE

Itemized product invoice

INVOICE NO.	INVOICE DATE	DUE DATE	CUSTOMER NO.	CUSTOMER PO

From

Business name _____ Phone _____

Address _____ Email _____

SOLD TO

Company _____

Attention _____

Address _____

City, state, ZIP _____

SHIP TO

Company _____

Attention _____

Address _____

City, state, ZIP _____

Shipping details

Ship date _____ Ship via / carrier _____

Tracking no. _____ Sales order no. _____

Item no. / SKU	Description	Unit	Ordered	Shipped	Unit price	Line total

Subtotal	
Sales tax rate (%)	
Sales tax	
Shipping and handling	
Total due	

Line total = quantity shipped x unit price. Items not yet shipped are billed when they ship.

REMIT PAYMENT

Terms _____

ACH / bank _____

Mail checks to _____

Questions _____

BACKORDERS AND RETURNS

Please report shortages or damage within 5 days of delivery. Quote the invoice number and customer number with your payment.