№ _____

INVOICE

_____ [Company Name]

_____Address _____ Phone _____Fax

_____Email _____ Contact Name _____Date

DATE	*ITEM №*	*Description*	*QTY*	*Unit*	*Price*	*Total*

Invoice Subtotal	
Tax Rate	
Sales Tax	
Shipping	
Deposits and Discounts	
INVOICE TOTAL	

Make all checks payable to "_____", Address _____

Account No: _____. "Invoice Total amount" due by _____. Overdue accounts are subject to interest charges of _____ per _____.

_____ [date & time]