

RETAIL SALE INVOICE

FROM

Name: _____
 Company: _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____
 E-Mail: _____

DATE: _____

INVOICE #: _____

BILL TO

Name: _____
 Company: _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____
 E-Mail: _____

SHIPPING

Name: _____
 Company: _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____
 E-Mail: _____

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT (\$)
<p>NOTES</p> <p>_____</p> <p>_____</p>		SUBTOTAL	_____
		DISCOUNT	_____
		TAX / VAT	_____
		TOTAL	_____

THANK YOU FOR YOUR BUSINESS

