

EMBROIDERY INVOICE

FROM

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

DETAILS

DATE: _____
INVOICE NO. _____
TERMS: _____

BILL TO

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

SHIPPING

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

DESCRIPTION	ITEM CODE	QUANTITY	UNIT PRICE	AMOUNT (\$)
NOTES / SPECIAL INSTRUCTIONS: _____				

			SUBTOTAL	
			DISCOUNT	
			TAX / VAT	
			SHIPPING	
			TOTAL	

