

PAYMENT DUE 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: _____

DESCRIPTION		AMOUNT (\$)
NOTES _____ _____		SUBTOTAL
		DISCOUNT
		TAX / VAT
		SHIPPING
		TOTAL

THANK YOU FOR YOUR BUSINESS

