RETAIL SALE INVOICE

				IVOIOL	
FROM					
Name:			DATE:		
Company:					
Street Address:		IN	VOICE #:		
City, State, Zip:					
Phone:					
E-Mail:					
BILL TO		SHIPPING Name:			
Name:					
Company:		Company:			
Street Address:		Street Address:			
City, State, Zip:		City, State, Zip:			
Phone:		Phone:			
E-Mail:					
DESCRIPTION		QUANTITY	UNIT PRICE	AMOUNT (\$)	
			SUBTOTAL		
NOTES			DIGGGLINIT		
			DISCOUNT		
			TAX / VAT		
					

THANK YOU FOR YOUR BUSINESS

