|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | Logo placeholder  Your Company Name  Your Company Slogan  Street Address, City, ST ZIP Code  Phone Telephone  Fax Fax  Email  INVOICE # Number  DATE: Date  Make all checks payable to Your Company Name  THANK YOU FOR YOUR BUSINESS! | | |  | | --- | |  | |  | |  | |  | |  | INVOICE | |
|  |  | To: Customer Name  Customer Company Name  Street Address  City, ST ZIP Code  Phone  Customer ID: ID |
|  | |  |  |  |  | | --- | --- | --- | --- | | salesperson | job | payment terms | due date | |  |  | Due on receipt |  | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | qty | description | unit price | line total | | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | Subtotal |  | |  |  | Sales Tax |  | |  |  | Total |  | | |