Retail Sotre Name

INVOICE

Address
City State ZIP
Phone number, Web Address etc.

DATE:
INVOICE #:

Bill To:

Ship To:

P.O. #	Sales Rep. Name	Ship Date	Ship Via	Terms	Due Date

Product ID	Description	Quantity	Unit Price	Line Total

SUBTOTAL		-
Sales Tax	8.00%	-
GST	6.00%	-
SHIPPING & HANDLING		-
TOTAL		-

Notes:

Thanks for shopping with us! Please come again
Warranty information goto xxxxxx
LIKE US ON FACEBOOK
ALL SALES ARE FINAL