



Your company name

VAT INVOICE

Address
 City, State ZIP
 Phone

DATE:
INVOICE:

BILL TO: (#)

Name
 Address
 City, ST ZIP
 Country
 Phone

Ship To:

Name
 Address
 City, ST ZIP
 Country
 Contact

P.O.	Sales	Despatch	Method	Terms	Due Date

DESCRIPTION	PRICE (ex VAT)	QTY	TOTAL (NET)	VAT	TOTAL (VAT)

NET TOTAL	-
Delivery Charge	-
VAT 17.50%	-
TOTAL	-
PAID	-
TOTAL DUE	-

your web site, email, phone numbers
 your vat reg#