



Your company name

Address
City, State ZIP
Phone

VAT INVOICE

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 (inc TAX)	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#