



Company name (Reg No. xxxxxxxxxx)  
 Address  
 City, state ZIP  
 Phone number, fax  
 Web site, email

# INVOICE

Customer#	
Name	
Address	
City, ST ZIP	
Phone	
Country	

**Invoice No.**  
**Invoice Date**

**Payment Due Date**  
**Total Amount Due**

Advertisement

Brief description of the products and service you provide  
 including service terms, etc.  
 any text and graphics can be put here  
 Please call our sales hotline xxx-xxx-xxxx for more infomation.

<b>Overdue Charges</b>	
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Details of New Charges

Description	Amount
<b>Total New Charges</b>	

Please refer to the back page for important information about making payment.  
 Thank you for your patronage. Please examine this invoice and notify us of any discrepancy within 7 days.

**PAYMENT SLIP**

Kindly detach this portion of the invoice to accompany payment.  
 Cheques are to be payable to "COMPANY NAME". No receipt will be issued.

COMPANY NAME  
 ADDRESS  
 CITY, STATE ZIP  
 COUNTRY

Cust. Name			
Cust. No.	Due Date		
Invoice No.	Total Amount		

Bank: \_\_\_\_\_ Cheque No.: \_\_\_\_\_