

INVOICE

Company Name

Bill To:
 Company Name
 Street Address
 City, Zip code
 Phone :
 Fax :

Ship To:(If Different)
 Company Name
 Street Address
 City, Zip code
 Phone :
 Fax :

| | |
|-----------------|--|
| Date: | |
| Invoice # : | |
| Customer ID: | |
| PO #: | |
| Payment Due By: | |

| Description | Size | Quantity | Unit Price | Amount | Note |
|-------------|------|----------|------------|--------|------|
| <Item Code> | | <Unit> | | | |
| <Item Code> | | <Unit> | | | |
| <Item Code> | | <Unit> | | | |
| <Item Code> | | <Unit> | | | |
| <Item Code> | | <Unit> | | | |
| <Item Code> | | <Unit> | | | |
| <Item Code> | | <Unit> | | | |

| Special Notes and Instructions |
|--------------------------------|
| |

| | |
|---------------|--|
| Sub Total | |
| Tax Rate | |
| Tax | |
| Shipping Cost | |
| Total Amount | |

If you have any enquiries concerning this invoice, please contact below feel free.
 Your company address
 Tel: +99-9-9999-9999 Fax: +88-8-8888-8888 E-mail:xxxx@xxxxx.xx.xx