Company Name: Name: Street Address: City, State: ZIP Code: Phone: E-mail:	INVOICE			
Invoice #		Date:		
Bill to Name: Street Address: City, State: ZIP Code:	Ship to Name: Street Address: City, State: ZIP Code:			
Description	Quantity	\$ / Unit	Amount (\$)	
Comments or Special Instructions:	_	SUBTOTAL DISCOUNT		
Payment is due within days.		SHIPPING TAX TOTAL		

Thank you for your business!

