|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Business Name**  Street Address City, ST ZIP Code  Phone Enter phone | Fax Enter fax Email | Website | |  | INVOICE # **Invoice No**  DATE **Enter date** | | |
| TO:  Name Company Name Street Address City, ST ZIP Code Phone Enter phone | Email | |  | SHIP TO:  Recipient Name Company Name Street Address City, ST ZIP Code Phone: Phone | | |
| INSTRUCTIONS  Add additional instructions | | | | | |
| QUANTITY | DESCRIPTION | | | UNIT PRICE | TOTAL |
|  |  | | |  |  |
|  |  | | |  |  |
|  |  | | |  |  |
|  |  | | |  |  |
|  |  | | |  |  |
|  |  | | |  |  |
|  |  | | |  |  |
|  |  | | |  |  |
|  | SUBTOTAL | | | |  |
|  | SALES TAX | | | |  |
|  | SHIPPING & HANDLING | | | |  |
|  | TOTAL DUE | | | |  |

Thank you for your business