



YOUR COMPANY NAME
 STREET ADDRESS
 CITY, STATE ZIP CODE
 PHONE NUMBER

INVOICE

REMITTANCE NAME
 STREET ADDRESS
 CITY, STATE ZIP CODE

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DATE	SALESMAN	ORDER NO.	ORDER DATE	SHIPPED VIA	TERMS	INVOICE NO.	INVOICE DATE	INVOICE NO.
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ITEM / DESCRIPTION / SERIAL NO.	QUANTITIES	UNIT	UNIT PRICE	AMOUNT
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SAMPLE
 Please Note: This image is not to scale - It has been reduced to fit this sheet.

PLEASE RETURN THIS PORTION OF THE INVOICE WITH YOUR PAYMENT

NON-TAXABLE	TAXABLE	SALES TAX	FREIGHT	MISCELLANEOUS	INVOICE TOTAL	INVOICE TOTAL
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