**INVOICE**

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| **INVOICE #**  | **DATE:** |

|  |  |  |
| --- | --- | --- |
| **[COMPANY NAME]** |  | **CLIENT / CUSTOMER** |
| Name: [Name] Street Address: [Street Address]City, State: [City, State]ZIP Code: [ZIP Code]Phone: [Phone]E-mail: [E-Mail] | Name: [Name] Street Address: [Street Address] City, State: [City, State] ZIP Code: [ZIP Code] |

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| **QTY** | **DESCRIPTION** | **UNIT PRICE** | **AMOUNT** |
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|  |  |  |  |
|  |  |  |  |
|  | SUBTOTAL |  |
| SALES TAX  |  |
| **TOTAL** |  |

**Term & condition**

Payment is due within 15 days