**INVOICE**

|  |  |
| --- | --- |
| **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] |

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

**Term & condition**

Payment is due within 15 days