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| **PAGE** |  |
| **DATE** |  |
| **ESTIMATE NO** |  |
| **CUSTOMER ID** |  |

**INVOICE**

|  |  |
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| **BILL TO** | **SHIP TO** |
| <Contact Name> <Client Company Name> <Address> <Phone> <Email>  | <Name / Dept><Client Company Name><Address><Phone> |

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| **SHIPMENT INFORMATION** |
| P.O. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_P.O. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Letter of Credit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Currency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payment Terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Est. Ship Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mode of Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Transportation Terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of Packages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Est. Gross Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Est. Net Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **ITEM PART #** | **DESCRIPTION** | **QTY** | **SALES TAX** | **TOTAL** |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | SUBTOTAL |  |
|  LESS DISCOUNT |  |
| TAX RATE |  |
| TOTAL TAX |  |
| HANDLING |  |
| TOTAL |  |