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

**INVOICE**

|  |  |
| --- | --- |
| **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 |  |