

# COMPANY NAME

## INVOICE

BILL  
TO

Name  
Street Address  
Address 2  
City,  
Post Code

SHIP  
TO

Name  
Street Address  
Address 2  
City,  
Post Code

Invoice No & Invoice Date
Invoice Due Date
Customer ID

DATE	YOUR ORDER #	OUR ORDER #	SALES REP.	F.O.B.	SHIP VIA	TERMS	TAX ID

QTY	ITEM	UNITS	DESCRIPTION	DISCOUNT %	TAXABLE	UNIT PRICE	TOTAL
						Subtotal	
						VAT	
						Shipping	
						Miscellaneous	
						<b>BALANCE DUE</b>	

Please return the portion below with your payment.

### REMITTANCE

Invoice #	
Customer ID	
Date	
Amount Enclosed	

**YOUR LOGO  
HERE**

Street Address  
Address 2  
City,  
Post Code

PHONE (+44) 0151 - 111- 1111  
FAX (+44) 0151 - 111- 1112  
E-MAIL someone@example.com  
WEB SITE <http://www.example.com>