

# INVOICE

**DATE:** 01/01/2000  
**INVOICE #** 100

**Ship To:**

| SALESPERSON | P.O. NUMBER | SHIP DATE | SHIP VIA | F.O.B. POINT | TERMS          |
|-------------|-------------|-----------|----------|--------------|----------------|
|             |             |           |          |              | Due on receipt |

Make all checks payable to **Your Company Name**  
If you have any questions concerning this invoice, contact Name, Phone Number, Email

**THANK YOU FOR YOUR BUSINESS!**