**INVOICE**

<Your Company Name>

<Address>

<Phone Number>

<Email>

INVOICE NUMBER

INVOICE DATE

**YOUR LOGO**

 **SHIP TO**

**BILL TO**

<Contact Name>

<Client Company Name>

<Address>

<Phone>

<Email>

<Name/ Dept>

<Client Company Name>

<Address>

<Phone>

<Email>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ITEM | QUANTITY | RATE | TAX | AMOUNT |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| TOTAL |
| Subtotal |  |
| TOTAL |  |

*SIGNATURE*

**PAYMENT OPTIONS**

Account

Name

PayPal address

**Terms & Conditions**

*1. Payment due in 30 days.*

*2. Please note the invoice number in your payment method.*