## **INVOICE**

			7		
To:		l	nvoice Number:		
			Invoice Date:		
		Ac	count Number:		
			Amount Due:		
		Pay	ment Due Date:		
Date	Quantity	Description		Unit Price	Amount
		·			
	<u> </u>			SUBTOTAL:	
				SALESTAX:	
				SHIPPING:	
				TOTAL DUE:	
PLEASE DETACH PORTION BELOW (CUT AT LINE) AND SEND WITH YOUR REMITTANCE. USE ENVELOPE PROVIDED					
NAME			Account Number:		
ADDRESS			Amount Due:		
CITY, STATE, ZIP			Amount Enclosed:		
CHECK		IANGE OF ADDRESS	Amo	ant Enclosed.	
		ANGE OF ADDRESS	If you have	any guartiana r	egarding this
Mail Payment to:			If you have any questions regarding this bill, please contact:		
			<del></del>		<u> </u>

Thank you for your business!

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