

Your
Logo
Here

INVOICE NO: 00-11-001
DATE: November 21, 2000

To:
Customer Name
Address
City, State, Zip

Additional Contact Info:
Phone:
E-mail:
Fax:

SALESPERSON	P.O. NUMBER	DATE SHIPPED	SHIPPED VIA	F.O.B. POINT	TERMS
Your Name	00-11-249	?	?		?

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
?	?	?	?

		SUBTOTAL	\$0.00
Make all checks payable to:	Your Name & Company Name	8-1/4% CA SALES TAX	\$0.00
	Your Shipping Address	SHIPPING & HANDLING	\$0.00
	Your City, State, Zip Code	TOTAL DUE or PAID	\$0.00

If you have any questions concerning this invoice, please contact:
Your Name, Phone, Fax
Your E-mail and Web Site (if you have one)

At this time, we accept payment in: ?

THANK YOU FOR YOUR BUSINESS!

CUSTOMER COPY