Company Name: _____

Name: _____
Street Address: _____
City, State: _____
ZIP Code: _____
Phone: _____
E-mail: _____

BILL OF SALE INVOICE

Invoice # _____ Date: _____

Bill to
Name: _____
Street Address: _____
City, State: _____
ZIP Code: _____

Ship to
Name: _____
Street Address: _____
City, State: _____
ZIP Code: _____

Description	Quantity	$ / Unit	Amount ($)

Comments or Special Instructions:

_____

Payment is due within ____ days.

SUBTOTAL	
DISCOUNT	
SHIPPING	
TAX	
TOTAL	

Thank you for your business!