

Company Name: _____

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Phone: _____

E-mail: _____

SALES TAX 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
SALES TAX
TOTAL

Thank you for your business!