Company:_____   **INVOICE**

Address:_____

_____

Phone:_____ Fax: _____

DATE: _____
INVOICE # _____
FOR: _____

Bill To:
Name:_____
Company Name:_____
Address:_____
_____
Phone:_____ Fax: _____

DESCRIPTION	AMOUNT
TOTAL	$ -

Make all checks payable to: _____

If you have any questions concerning this invoice contact _____ at (____)_____.

Email: _____

THANK YOU FOR YOUR BUSINESS!