

SALES ORDER

INVOICE

BILL
TO

Name: _____
Address: _____

City, ST ZIP: _____

SHIP
TO

Name: _____
Address: _____

City, ST ZIP: _____

Invoice #

Invoice Date

Customer ID

DATE	YOUR ORDER #	OUR ORDER #	SALES REP.	F.O.B.	SHIP VIA	TERMS	TAX ID

QTY	ITEM	UNITS	DESCRIPTION	DISCOUNT %	TAXABLE	UNIT PRICE	TOTAL
						Subtotal	
						Tax	
						Shipping	
						Miscellaneous	
						BALANCE DUE	

Please return the portion below with your payment.

REMITTANCE

Invoice #	
Customer ID	
Date	
Amount Enclosed	

Company: _____

Address: _____

City, ST ZIP: _____

Country: _____

PHONE () _____ - _____

FAX () _____ - _____

E-MAIL _____

WEB SITE _____