Business Receipt

| Company Name: | | |
|--------------------------|-------|--|
| Representative: | | |
| Address: | | |
| City, State, Zip: | | |
| Phone Number: | | |
| Email Address: | | |
| Website (if applicable): | | |
| | | |
| | | |
| | Date: | |
| | | |
| Bill to: | | |
| | | |
| Full Name: | | |
| Address: | | |
| Contact Number: | | |
| Email Address: | | |

Product/Service Information:

| Quantity | Description | Unit Price | Total |
|----------|-------------|------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Subtotal: \$ |
|--|
| Tax Rate (%): |
| Total Tax: \$ |
| Total Amount: \$ |
| Payment Information: |
| Payment Method: |
| Check/Card Number: |
| Terms and Conditions: |
| I acknowledge the receipt of the above items/services and agree to the terms and conditions. |
| Authorized Signature |
| Name: |
| Title: |
| Date: |