INVOICE

	INVOICE NO.	
	DATE	
	ACCOUNT NO.	
	YOUR P.O. NO.	
	TERMS	
	SHIP VIA	
	FOB	
	SALESMAN	

QTY.	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT

PLEASE PAY FROM THIS INVOICE

SUB TOTAL	
TAX	
TOTAL	

FORM #15