

# Your Business Name

Street Address, City, State Postcode, Country  
Tel : (456) 3456-1234, Fax : (456) 3456-1235, Email : yourname@yoursite.com  
Website : www.yoursite.com, Tax Registration Number : your tax reg. no

[Insert logo here]

Sold To

**Customer Name**

Street Address

City, State/Province, Zip/Post code

Country

**Attention To : Contact Person**

Ship To

**Ship To Name**

Ship To Street Address

City, State/Province, Zip/Post code

Country

**Attention To : Contact Person**

## TAX INVOICE

Invoice No# **10001**

Date 10/08/2013

Your Ref#

Our Ref#

Credit Terms Cash

Description	Quantity	UM	Unit Price	Amount
Product A	2	sets	\$1,200.00	\$2,400.00
Product B	3	pcs	\$400.00	\$1,200.00

**Comments**

<b>Sub Total</b>	\$3,600.00
<b>GST</b>	\$360.00
<b>PST</b>	\$180.00
<b>Invoice Total</b>	<b>\$4,140.00</b>
<b>Delivery</b>	
<b>Amount Paid</b>	
<b>Balance Due</b>	<b>\$4,140.00</b>

**Terms & Conditions**

- All goods remain the property of "Your Business Name" until full payment has been received
- Please make check/ cheque payments payable to "YOUR BUSINESS NAME"
- Payments may also be made by wire transfer to the following account :

Account Name :

Account No # :