## **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

Sold To	Ship To	INVOICE	
Customer Name	Ship To Name	Invoice No#	10001
Street Address	Ship To Street Address	Date	21/08/2013
City, State/Province, Zip/Post code	City, State/Province, Zip/Post code	Your Ref#	
Country	Country	Our Ref#	
Attention To : Contact Person	Attention To : Contact Person	Credit Terms	Cash

Product ID	Description	Quantity	UM	Unit Price	Amount
2314254	Product A	2	sets	\$1,200.00	
32543	Product B	3	pcs	\$1,200.00	
				Sub Total	\$3,600,00
Comments			Sub Total Tax	\$3,600.00 \$360.00	
			1	Invoice Total	
				Freight	
				Amount Paid	
				Balance Due	

## **Terms & Conditions**

- All goods remain the property of "Your Business Name" untill 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 # :

## [Insert logo here]