

# Invoice



**Invoice Number:**   
**Date:**   
**Order Number:**   
**Terms:**

**Company:**   
**Address:**   
**State/Province:**   
**Zip/Postal code:**

**Phone:**   
**Fax:**   
**Contact Name:**

**Sample Security Company**  
 123 Security Street  
 Riverhead, NY 11901  
 Tel: (888) 888-8888  
 Fax: (888) 888-8888  
[www.samplesecuritycompany.com](http://www.samplesecuritycompany.com)  
 License # 00000000

Item	Description	Quantity	Unit Price	Amount
<b>Comments:</b> <input type="text"/>			<b>Sub-total</b>	
			<b>Grand Total</b>	

**Thank You.**  
**We appreciate your business.**

**Internal Use Only**

<b>Amount Paid:</b>	
<b>Date:</b>	