YOUR COMPANY NAME

Your Company Address

INVOICE #

CUSTOMER ORDER NUMBER	DATE
NAME	PHONE NUMBER
ADDRESS	CITY, PROVINCE, POSTAL CODE

SOLD BY	CASH	CHECK	CHARGE	C.O.D.	ON ACCT.	PAID OUT	MDSE. RETD.

QUANTITY	DESCRIPTION	PRICE	AMOUNT
		TAX	
RECIEVED BY		TOTAL	