**Company Name**
Street Address
City, ST ZIP Code
Phone: Enter phone
Email: Enter email

**INVOICE**

|  |  |
| --- | --- |
| Customer NameCompany NameStreet AddressCity, ST ZIP CodePhone: Enter phone Email: Enter email | Invoice #NumberDate: Enter dateTerms: Due Upon Receipt |

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **ITEM QUANTITY** | **TAXABLE** | **AMOUNT** |
| Item 1 | 1 | Yes | $150.00 |
| Add item description for service or equipment. |   |  |   |
| Item 2 | 8 | No | $200.00 |
| Add item description for service or equipment. |   |  |   |
| Item 3 | 1 | No | $50.00 |
| Add item description for service or equipment. |   |  |   |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |   |  |  |
|  | TAX (6%) |  | $9.00 |
|  | TOTAL |  | 409.00 |
|  | AMOUNT PAID |  | $204.50 |
|  | **AMOUNT DUE** |  | **$204.50** |

Make all checks payable to Company Name
Overdue accounts subject to 1% service charge per month.

Thank you for your business!