

Retail Purchase Invoice

Invoice #

Date

Customer Name

Phone

Address

| # | Product Name / Description | Quantity | Unit Price | Total |
|---|----------------------------|----------------------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Subtotal

Tax

Total

Notes / Terms

Seller Signature

Buyer Signature