

# INVOICE

Retail Merchandise

**Bill To:**

[Customer Name]  
[Address Line 1]  
[Address Line 2]  
[City, State ZIP]  
[Phone / Email]

**From:**

[Retail Store Name]  
[Store Address]  
[City, State ZIP]  
[Phone / Email]

**Invoice Details**

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

#	Description	SKU	Qty	Unit Price	Amount
1	[Item Description]	[SKU]	[Qty]	[Unit Price]	[Amount]
2	[Item Description]	[SKU]	[Qty]	[Unit Price]	[Amount]

Subtotal [Subtotal]  
Tax [Tax]  
**Total** [Total]

**Notes**

[Additional notes or instructions]

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Authorized Signature

Date: \_\_\_\_\_

Thank you for your business!