

# Invoice

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_  
Retailer Name  
Address Line 1  
Address Line 2  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Billed To:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Description	Qty	Unit Price	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Subtotal			_____
Tax			_____
<b>Total</b>			_____

Notes / Terms:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_