

Your Company Name

Your Company Slogan
 Your Company
 Street Address
 City, State Postcode
 Tel 000.000.0000
 Fax 000.000.0000

INVOICE

INVOICE NO:
DATE: November 19, 2006

To:

Ship To:

| SALESPERSON | P.O. NUMBER | DATE SHIPPED | SHIPPED VIA | F.O.B. POINT | TERMS |
|-------------|-------------|--------------|-------------|--------------|-------|
| | | | | | |

| QUANTITY | DESCRIPTION | UNIT PRICE | AMOUNT |
|---------------------|-------------|------------|---------------|
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| SUBTOTAL | | | \$0.00 |
| TAX | | | |
| SHIPPING & HANDLING | | | |
| TOTAL DUE | | | \$0.00 |

Make all cheques payable to: Your Company Name
 If you have any questions concerning this invoice, call: Contact Name, Phone Number

THANK YOU FOR YOUR BUSINESS!