

# INVOICE

Home Appliance Store  
1234 Main Street  
Your City, ST 12345  
Phone: (555) 123-4567  
Email: info@ha-store.com

Invoice #: INV-  
Date:  
Salesperson:  
Due Date:

Billed To:  
Customer Name  
Customer Address Line 1  
Customer Address Line 2  
City, State ZIP  
Phone:

Delivery Address:  
Address Line 1  
Address Line 2  
City, State ZIP

#	Appliance Name	Description / Model	Qty	Unit Price	Amount
1					
2					

Subtotal:  
Tax (%):  
Delivery Fee:  
Total:

Thank you for your business!  
Please make payment within the terms stated above.