

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.