# **SALES INVOICE**

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| --- | --- | --- | --- | --- | --- | --- |
| Business Name:  Complete Address: | | | | | | DATE: |
| INVOICE NO. |
| CUSTOMER ID |
| BILL TO | | SHIP TO | | | SALESPERSON | P.O. NO. |
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| **TERMS** |  |
|  | ITEM NO. |  | DESCRIPTION | QTY | UNIT PRICE | TOTAL |

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Remarks / Instructions: **SUBTOTAL**

enter total amount **DISCOUNT SUBTOTAL LESS DISCOUNT**

Remit payment within 30 days of date of invoice.

*Please make check payable to*

enter percentage **TAX RATE**

**TOTAL TAX SHIPPING/HANDLING**

**OTHER TOTAL**