

INVOICE

MUSIC STORE

DATE _____

CUSTOMER _____	
STREET # _____	
CITY _____	STATE _____
ZIP _____	PHONE _____

<input type="checkbox"/> DELIVERY TO: <input type="checkbox"/> CUST. ORD <input type="checkbox"/> SEE NOTE				
SCHED.	MADE	CUST. P/U	RETURN	C.O.D.

NOTES:		TOTAL DUE	
		DOWN PAYMENT	
		CASH	
		TRADE (DESCRIBE)	
		TRADE AMOUNT	
		TOTAL DOWN	
	TOTAL SALE		BALANCE
	TAX		TERMS:
	TOTAL DUE		
APPROVAL <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> _____ (SALESMAN) </div> <div style="text-align: center;"> _____ (CUSTOMER) </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> _____ (CUSTOMER) </div> </div>			

J	A	R	GUAR	SERV.	LESS	I	L	P	EXTRAS <input type="checkbox"/>	S.M. <input type="checkbox"/> N.W.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C <input type="checkbox"/> M <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/> <input type="checkbox"/>								