# INVOICE

| INVOICE NO. |
| DATE |
| ACCOUNT NO. |
| YOUR P.O. NO. |
| TERMS |
| SHIP VIA |
| FOB |
| SALESMAN |

| QTY. | UNIT | DESCRIPTION | UNIT PRICE | AMOUNT |
|------|------|-------------|------------|--------|
|      |      |             |            |        |

**PLEASE PAY FROM THIS INVOICE**

| | |
|---|---|
| SUB TOTAL | |
| TAX | |
| **TOTAL** | |

FORM #15