INVOICE

[Your Business Name]
[Street Address]
[City, State ZIP]
[Phone] · [Email]

Invoice # [0001]

Invoice date [MM/DD/YYYY]

Due date [MM/DD/YYYY]

Customer ID

Bill to

[Client Name]
[Company]
[Street Address]
[City, State ZIP]

Ship to (if different)

[Name]
[Street Address]
[City, State ZIP]

Description	Qty	Unit price	Amount

Subtotal

Sales tax rate

Sales tax

Shipping

Total due

Payment details

Payment due within [30] days. Please make checks payable to [Your Business Name], or pay by bank transfer to [Bank Name], routing [#########], account [##########].
Late payments may incur a fee of [1.5] % per month.

Thank you for your business!

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