

INVOICE

Address: _____

Contact: _____



BILL TO

SHIP TO

Invoice Date: __/__/__

Due Date: __/__/__

DESCRIPTION	QTY	UNIT PRICE	TOTAL

Thank you for your business!

SUBTOTAL _____

DISCOUNT _____

SUBTOTAL LESS DISCOUNT _____

Terms & Instructions:

TAX RATE _____

TOTAL TAX _____

SHIPPING/ HANDLING

Balance Due ₹ _____