**BLANK INVOICE TEMPLATE**

|  |  |
| --- | --- |
| **YOUR LOGO** | INVOICE |
| Company Name |  | **DATE** |
| 123 Main Street |  |   |
| Hamilton, OH 44416 |  | **INVOICE NO.** |
| (321) 456-7890 |  |   |
| Email Address |  | **CUSTOMER ID** |
| Point of Contact |  |   |
| **BILL TO** | **SHIP TO** |   |
| ATTN: Name / Dept | ATTN: Name / Dept |   |
| Company Name | Company Name |  |
| 123 Main Street | 123 Main Street |  |
| Hamilton, OH 44416 | Hamilton, OH 44416 |  |
| (321) 456-7890 | (321) 456-7890 |  |
| Email Address |  |
| **TERMS** |  |  |
|   |
| **DESCRIPTION** |  | **TOTAL** |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Remarks / Instructions: | **SUBTOTAL** |   |
|  | enter total amount **DISCOUNT** |   |
| **SUBTOTAL LESS DISCOUNT** |   |
| enter percentage **TAX RATE** |   |
| **TOTAL TAX** |   |
| **SHIPPING/HANDLING** |   |
| *Please make check payable to* Your Company Name. | **OTHER** |   |
| THANK YOU | **TOTAL** |  |
|  |  |  |
| *For questions concerning this invoice, please contact* |
| Name, (321) 456-7890, Email Address |
| www.yourwebaddress.com |