|  |  |
| --- | --- |
| Your Company Name Your Company Slogan  Street Address  City, ST ZIP Code  Phone: Phone Fax: Fax | INVOICE Invoice #: #?ID?#Order Date: #?TimeOfOrder?#Channel Order #: #?OrderSourceOrderId?# |
| ship to: #?ShippingAddress?# | sold to: #?BillingAddress?# |

|  |
| --- |
| Comments or special instructions: #?Instructions?#  #?GiftWrapMessage?# |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| QUANTITY | DESCRIPTION | sku | UNIT PRICE | TOTAL |
| #?Qty?# | #?DisplayName?# | #?ProductID?# | $#?AdjustedSitePrice?# | $#?LineTotal?# |

|  |  |  |
| --- | --- | --- |
|  | SUBTOTAL | #?SubTotal?# |
|  | SALES TAX | #?TaxTotal?# |
|  | SHIPPING | #?ShippingTotal?# |
|  | HANDLING | #?HandlingFee?# |
|  | DISCOUNTS | #?OrderDiscountsTotal?# |
|  | TOTAL due | #?GrandTotal?# |

Make all checks payable to: Your Company Name

If you have any questions concerning this invoice, contact Name, Phone, Email

Thank you for your business!