

Accounts Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms and Conditions:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THANK YOU FOR YOUR BUSINESS

|  |  |  |  |
| --- | --- | --- | --- |
| **Quantity** | **Description** | **Unit Price** | **Cost** |
|  |  | $000 | $000 |

*www.officetemplate.in*

SHIP to [Name]
 [Company Name]
 [Street Address]
 [City, ST ZIP Code]
 [Phone]
 Customer ID [ABC12345]

Invoice # 0000
Date: October 08, 2011

To [Name]
 [Company Name]
 [Street Address]
 [City, ST ZIP Code]
 [Phone]
 Customer ID [ABC12345]

[Company Name]
[Company Slogan]

[Street Address], [City, ST ZIP Code]
Phone [000.000.0000] Fax [000.000.000]
[e-mail]

**INVOICE**