[Company Name]

INVOICE

Name: _____
Street Address: _____
City, State, Country: _____
ZIP Code: _____
Phone: _____
E-mail: _____

Invoice # ____ Date: _____

To

Name: _____
Street Address: _____
City, State, Country: _____
ZIP Code: _____

Description	Sales Amount	Commission %	Amount
		TOTAL	

Payment is due within # ___ days.

Comments or Special Instructions: _____
_____

Thank you for your business!