

COMPANY NAME

ADDRESS
ADDRESS
ADDRESS

INVOICE AB 000001

DATE	YOUR ORDER NO.
SALESPERSON	OUR ORDER NO.
SHIPPED TO	
VIA	

SOLD TO

- _____
- _____
- _____

PROOF

QUANTITY	DESCRIPTION	RATE	AMOUNT
TERMS		TOTAL PURCHASES	
		G.S.T./H.S.T.	
		P.S.T.	
		TOTAL	