

INVOICE **AB 000001**

COMPANY NAME

ADDRESS
ADDRESS
ADDRESS

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

SOLD TO

- _____
- _____
- _____

QUANTITY	DESCRIPTION	PRICE	AMOUNT
<h1>PROOF</h1>			
TERMS:		TOTAL PURCHASES	
		G.S.T./H.S.T.	
		P.S.T.	
		TOTAL	