

YOUR COMPANY LOGO & NAME

Your full Company postal address
Your Telephone number + Your Fax number
Your Website and Email information

Invoice

0001

VAT Registration No. GB 000 0000 00

| | | | | | | | |
|------------------------|-------------|------------|--------|-------------|-----------|-----------------|-----------------|
| Customer Order Number: | | Telephone: | | | | Date/Tax Point: | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| | | | | | | | |
| Sold by: | | Cash | Cheque | Credit Card | Account | C.O.D. | Cheque/Card No. |
| QUANTITY | DESCRIPTION | | | | | PRICE | AMOUNT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Received by: | | | | | SUB TOTAL | £ | |
| | | | | | VAT | % | |
| | | | | | TOTAL | £ | |

Thank You

This invoice should be retained as proof of purchase
Title of goods does not pass until payment has been received in full.
Terms: Strictly 30 days from date of invoice.