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	UNIT 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.