

# YOUR BUSINESS NAME

123 Main Street, Suite 100

City, State ZIP Code

(555) 000-0000 · hello@yourbusiness.com

www.yourbusiness.com

# INVOICE

Invoice #

Invoice Date

Payment Due

PO / Reference

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

## BILL TO

Client / Company Name

123 Client Street, Apt B

City, State ZIP

billing@clientemail.com

(555) 000-0001

## SHIP TO (if different)

Recipient Name or Same as Billing

Delivery Address

City, State ZIP

DESCRIPTION	QTY	UNIT PRICE	DISC	TAX	AMOUNT
1. _____	_____	\$ _____	____ %	\$ _____	\$ _____
2. _____	_____	\$ _____	____ %	\$ _____	\$ _____
3. _____	_____	\$ _____	____ %	\$ _____	\$ _____
4. _____	_____	\$ _____	____ %	\$ _____	\$ _____
5. _____	_____	\$ _____	____ %	\$ _____	\$ _____
6. _____	_____	\$ _____	____ %	\$ _____	\$ _____
7. _____	_____	\$ _____	____ %	\$ _____	\$ _____
8. _____	_____	\$ _____	____ %	\$ _____	\$ _____

**NOTES / DESCRIPTION OF SERVICES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT TERMS**

Payment due within 30 days of invoice date. Late balances accrue a 1.5% monthly fee.

**ACCEPTED PAYMENT METHODS**

Check · ACH / Bank Transfer · Credit Card · PayPal · Zelle

**BANK / PAYMENT DETAILS**

Make checks payable to: \_\_\_\_\_

Bank: \_\_\_\_\_ Account: \_\_\_\_\_ Routing: \_\_\_\_\_

\_\_\_\_\_

Subtotal \$ \_\_\_\_\_

Discount ( %) (\$ \_\_\_\_\_)

Shipping / Other \$ \_\_\_\_\_

Tax ( %) \$ \_\_\_\_\_

Amount Paid (\$ \_\_\_\_\_)

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

**AUTHORIZED SIGNATURE**

\_\_\_\_\_

Name / Title: \_\_\_\_\_

Date: \_\_\_\_\_

**PAYMENT STATUS**

■ Unpaid ■ Partial ■ Paid in Full

Date Paid: \_\_\_\_\_

Method: \_\_\_\_\_

**Thank you for your business!**

Questions? [support@yourbusiness.com](mailto:support@yourbusiness.com) · (555) 000-0000