

CLOTHING INVOICE

FROM

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

DETAILS

INVOICE NO. _____

DATE: _____

DUE DATE: _____

TERMS: _____

BILL TO

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

SHIPPING

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT (\$)
NOTES: _____ _____ _____			SUBTOTAL DISCOUNT TAX / VAT SHIPPING TOTAL

THANK YOU FOR YOUR BUSINESS

