

UPFRONT PAYMENT INVOICE

DETAILS

DATE: _____
INVOICE NO. _____
TERMS: _____
EXP. START DATE: _____

FROM

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

BILL TO

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

DESCRIPTION	AMOUNT (\$)
NOTES: _____ _____ _____	SUBTOTAL
	DISCOUNT
	TAX / VAT
	TOTAL

THANK YOU FOR YOUR BUSINESS

