INVOICE

Your Business Name
Street address
City, State ZIP
Phone | Email
Tax ID (optional)

Invoice no.
Invoice date
Payment terms
Due date
PO / reference

BILL TO

Item / service	Description	Qty / hours	Rate	Amount

Subtotal	$
Discount	$
Tax (___%)	$
Total	$
Amount paid	$
Balance due	$

How to pay
Bank transfer (ACH): bank name, account and routing no.
Check: payable to Your Business Name
Card or online payment: link or instructions

Notes
Thank you for your business. Please include the invoice number with your payment.

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