

# INVOICE

|                |     |
|----------------|-----|
| DATE           | 200 |
| YOUR ORDER NO. |     |
| SALESPERSON    |     |

|         |             |              |
|---------|-------------|--------------|
| SOLD TO |             | DATE SHIPPED |
|         |             | SHIPPED VIA  |
|         | POSTAL CODE | F.O.B.       |
|         |             |              |

SHIPPED TO

SAME

| QUANTITY  | DESCRIPTION | PRICE           | AMOUNT |
|---|-------------|-----------------|--------|
|   |             |                 |        |
|   |             |                 |        |
|   |             |                 |        |
|   |             |                 |        |
|   |             |                 |        |
|   |             |                 |        |
|   |             |                 |        |
|   |             |                 |        |
|   |             |                 |        |
|   |             |                 |        |
| TERMS   |             | TOTAL PURCHASES |        |
|   |             | G.S.T.          |        |
|   |             | SUB-TOTAL       |        |
| P.S.T. EXEMPT NO.   |             | P.S.T.          |        |
| ANY CLAIMS AND/OR RETURNED GOODS<br>MUST BE ACCOMPANIED BY A COPY OF THIS INVOICE |             | <b>TOTAL</b>    |        |