

[Company Name]

MERCIAL INVOICE

[Company Slogan]

[web address]

[Stress Address]

[City, ST ZIP]

Phone: [000-000-0000]

Fax: [000-000-0000]

DATE: 8/31/2016

INVOICE #

Customer ID

BILL TO:

[Name]

[Company Name]

[Stress Address]

[City, ST ZIP]

[Phone]

SHIP TO (if different):

[Name]

[Company Name]

[Stress Address]

[City, ST ZIP]

[Phone]

ALESPERSO	P.O. #	SHIP DATE	SHIP MODE	Inco Term	TERMS	

Item #	S. Number / Export License	QTY	Unit Price	Total
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
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				-
				-
				-

Other Comments or Special Instructions

1. Total payment due in 30 days
2. Please include the invoice number on your check

These commodities, technology or software were (or may be exported from the U.S. in accordance with U.S. Export Administration Regulations. Diversion contrary to U.S. Law prohibited

SUBTOTAL	\$	-
PACKAGING	\$	-
SHIPPING		
OTHER	\$	-
OTHER	\$	-

Incoterm, Geographical location, (Incoterms 2010) \$ -

Make all checks payable to
[Your Company Name]

We hereby certify this invoice to be true and correct.

Authorized Signature

If you have any questions about this invoice, please contact

[Name, Phone #, E-mail]

Thank You For Your Business!