

Company Name

RECEIPT

INVOICE # 00-000001

DATE 10-11-20

**MAILING
INFO**

Street Address
City, ST ZIP
Phone: (000) 000-0000
Fax: (000) 000-0000

**BILL
TO**

Name
Customer ID:
Street Address
City, ST ZIP
Phone: (000) 000-0000

DESCRIPTION

AMOUNT

Service Fee

OTHER COMMENTS

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

Thank You For Your Business!

Signature here _____

SUBTOTAL	\$	-
TAX RATE		0.000%
TAX	\$	-
S&H	\$	-
DISCOUNT	\$	(50.00)
TOTAL	\$	(50.00)

Make all checks payable to:
Your Company Name

