INVOICE

From: _____

Address: _____. Email: _____. Phone: _____. Tax ID (optional): _____.

Invoice number: _____. Invoice date: _____. Purchase order number (optional): _____.

Payment terms (check one): [ ] due on receipt [ ] net 15 [ ] net 30 [ ] net 60 [ ] due by _____. Due date: _____.

1. BILL TO

Name: _____. Attention: _____.

Address: _____. Email: _____.

Ship to (if different): _____.

2. LINE ITEMS

1. Description: _____. Quantity or hours: _____. Rate or unit price: $_____. Amount: $_____.

2. Description: _____. Quantity or hours: _____. Rate or unit price: $_____. Amount: $_____.

3. Description: _____. Quantity or hours: _____. Rate or unit price: $_____. Amount: $_____.

4. Description: _____. Quantity or hours: _____. Rate or unit price: $_____. Amount: $_____.

5. Description: _____. Quantity or hours: _____. Rate or unit price: $_____. Amount: $_____.

3. TOTALS

Subtotal: $_____

Discount: -$_____

Tax (_____% of the subtotal after discount): $_____

Shipping: $_____

Total: $_____

Amount paid: -$_____

This general template is provided for informational purposes only and does not constitute legal advice. Requirements vary by state and locality; review current law and attach any disclosures or addenda your situation requires before signing. For a guided state-specific document, visit lawvault.org.

Balance due: $_____

4. PAYMENT

Accepted methods (check all that apply): [ ] bank transfer (ACH or wire) [ ] check [ ] credit or debit card [ ] online payment link or app [ ] cash

Payment instructions: _____

Late fee (optional): if the balance due is not paid when due, a late fee of _____ will be added (check one): [ ] once [ ] for each month it stays unpaid.

Notes: _____

Thank you for your business.

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