|  |  |
| --- | --- |
|  | Your Company NameAddressCity, State, Zip Phone NumberWebsite |

Invoice Title

Invoice No. | Date

|  |  |
| --- | --- |
| **Client Company Name**123 Street Name, City Name, State | **PAYMENT DUE**Upon Receipt/In 7 Days/In 1 Month |

Notes

*Add notes like payment conditions, contact persons at the client company and so on, here.*

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Quantity | Unit Cost | Total |
| Item 1 with description |  |  | $0.00 |
| Item 2 with description and per-unit price | X | $Y | $0.00 |
|  |  | Discount (X%) | $0.00 |
|  |  | Sub-total | $0.00 |
|  |  | Tax (X%) | $0.00 |
|  |  | TOTAL | $0.00 |

Remarks

|  |  |
| --- | --- |
| *Pay by wire transfer:*Bank nameBranch name/addressAccount number: XXXXXXXXXXXXRouting (SWIFT) Code: XXXXXXXX | *Pay online via PayPal:*yourpaypaladdress@companyname.com |