

**INVOICE**

YOUR COMPANY NAME  
YOUR STREET ADDRESS  
YOUR CITY, PROV. & P.C.  
YOUR PHONE NO. & FAX NO.

DATE INVOICE

BILL TO:

DESCRIPTION	AMOUNT
<b>TOTAL:</b>	
BALANCE DUE.	

612-49 - Laser (8 1/2 x 11)  
12-49 - Continuous (9 1/2 x 11)



Personalized information will be placed to fit a Twindow envelope, unless otherwise specified.

**INVOICE**

YOUR COMPANY NAME  
YOUR COMPANY ADDRESS  
YOUR CITY, PROV. & P.C.  
YOUR PHONE NO. & FAX NO.

SOLD TO: SHIP TO:

DATE NUMBER PAGE DUE DATE

DESCRIPTION	ORDERED	SHIPPED	UNIT PRICE	EXTENDED PRICE
				SUB TOTAL G.S.T. P.S.T. TOTAL NET TO PAY

619-41 - Laser (8 1/2 x 11)  
19-41 - Continuous (9 1/2 x 7)

**STATEMENT**      **REMITTANCE ADVICE**

YOUR COMPANY NAME  
YOUR STREET ADDRESS  
YOUR CITY, PROV. & P.C.  
YOUR PHONE NO. & FAX NO.

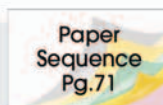
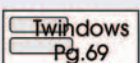
YOUR COMPANY NAME  
YOUR STREET ADDRESS  
YOUR CITY, PROV. & P.C.  
YOUR PHONE NO. & FAX NO.

TO ENSURE PROPER CREDIT PLEASE CHECK THESE ITEMS BEFORE PAYING BY CHEQUE OR CASH. PLEASE CALL US IF YOU REQUIRE FURTHER INFORMATION. THANK YOU.

INVOICE NUMBER	DATE	DESCRIPTION	DUE DATE	AMOUNT	INVOICE NUMBER	AMOUNT PAID
<b>TOTAL BALANCE</b>					<b>TOTAL BALANCE</b>	

CURRENT    PAST DUE 1-30    PAST DUE 31-60    PAST DUE > 90

621-41 - Laser (8 1/2 x 11)  
21-41 - Continuous (9 1/2 x 7)





STATEMENT: YOUR COMPANY NAME  
YOUR STREET ADDRESS  
YOUR CITY, PROV. & P.C.  
YOUR PHONE NO. & FAX NO.

STATEMENT: YOUR COMPANY NAME  
YOUR STREET ADDRESS  
YOUR CITY, PROV. & P.C.  
YOUR PHONE NO. & FAX NO.

INVOICE NO.	DATE	TAX	ISSUE DATE	DUE DATE	REFERENCE	AMOUNT	INVOICE NO.	AMOUNT
TOTAL BALANCE							TOTAL BALANCE	

CLOSING DATE: PRICE NO.

CLOSING DATE: PRICE NO.

CURRENT PAST DUE 1-30 PAST DUE 31-60 PAST DUE 60

624-25 - Laser (8 1/2 x 11)  
24-25 - Continuous (9 1/2 x 7)



YOUR COMPANY NAME 1234

INVOICE NO. AMOUNT DISCOUNT NET AMOUNT

DATE

CHEQUE NUMBER

YOUR COMPANY NAME 1234  
YOUR STREET ADDRESS  
YOUR CITY, PROV. & P.C.  
YOUR PHONE NO. & FAX NO.

YOUR BANK NAME 1234  
YOUR BUSINESS STREET ADDRESS  
CITY, PROV. P.C.

CHEQUE NO.

DATE AMOUNT

PAY TO THE ORDER OF YOUR COMPANY NAME

1234 1234

1234 1234

631-25 - Laser (8 1/2 x 11)  
31-25 - Continuous (9 1/2 x 7)



Choose One or Two Signature Lines

YOUR COMPANY NAME 1234

1234

YOUR COMPANY NAME 1234  
YOUR STREET ADDRESS  
YOUR CITY, PROV. & P.C.  
YOUR PHONE NO. & FAX NO.

YOUR BANK NAME 1234  
YOUR BUSINESS STREET ADDRESS  
CITY, PROV. P.C.

DATE AMOUNT

PAY TO THE ORDER OF YOUR COMPANY NAME

1234 1234

1234 1234

630-01 - Laser (8 1/2 x 11)  
30-01 - Continuous (9 1/2 x 7)



Choose One or Two Signature Lines

Customize your own form! Additional Options on Pages 8 & 9