

Merchandise Invoice Form

Seller Information

Company Name:

Address:

Phone:

Email:

Buyer Information

Name:

Address:

Phone:

Email:

Invoice Details

Invoice Number:

Invoice Date:

Due Date:

Merchandise Details

| Item Description | Quantity | Unit Price | Total |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Subtotal:

Tax (%):

Total Amount:

Remarks:

Submit Invoice