Your Company Name

Street Address City, Postcode

Phone (603) 1234-5678 Fax (603) 1234-5678

DATE:

INVOICE NO:

INVOICE

Name

Bill To: Name Ship To:

Company NameCompany NameStreet AddressStreet AddressCity, PostcodeCity, PostcodePhonePhone

Port of Loading:

Country of Origin:

Terms of Payment:

Cash / To Order / To Bank

Dimensions/Weight:

Shipping Terms: CIF / FOB

Marking:

NO	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT	
	TOTAL (MYR)				

For 'Your Company Name'