

Address:

Tax ID / VAT No:

Contact/Email:

INVOICE

Invoice No:

Date:

Purchase Order No:

PO Date:

BILL TO (BUYER)

Company Name:

Address:

GSTIN/Tax ID:

Contact Person:

SHIP TO (DELIVERY LOCATION)

Consignee Name:

Address:

GSTIN/Tax ID:

Contact/Phone:

Dispatch Mode
LR / Waybill No.
Vehicle Number
Date of Supply

BANK DETAILS FOR WIRE TRANSFER

Bank Name:

Account Name:

Account Number:

IFS / SWIFT Code:

Branch:

Sub-Total Amount

CGST / VAT

SGST / Insurance

Freight / Shipping

Grand Total

Terms & Conditions:

1. Goods once sold will not be taken back or exchanged.
2. Interest will be charged at the rate of ____ % per annum if the payment is not realized within the stipulated credit period of ____ days.
3. All disputes are subject to the exclusive jurisdiction of courts in _____.

Receiver's Signature & Stamp

For _____

Authorized Signatory