

SALES INVOICE

Invoice No: _____
Date: _____
Due Date: _____

BILL TO

Customer Name: _____
Account No: _____
Address: _____
Contact Person: _____

CREDIT APPROVAL DETAILS

Credit Limit: _____
Available Credit: _____
Payment Terms: _____
Approved By: _____

Item Code	Description	Qty	Unit Price	Total Amount

Subtotal

Sales Tax

Total Outstanding

PREPARED BY

CREDIT CONTROL APPROVED BY

CUSTOMER ACCEPTANCE SIGNATURE