COSMETICS ORDER INVOICE

SHOP

Business name _____

Address _____

Phone / email _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Order no. _____

BILL TO

Business _____ Attention _____

Billing address _____

Email _____

SHIPPING

Ship to _____ Ship date _____

Method _____ Tracking no. _____

PRODUCTS

SKU	Product	Shade / size	Qty	Unit price	Amount

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal	
Trade discount (_____%)	
Shipping	
Sales tax, if applicable (_____%)	
Amount due	

ORDER NOTES

_____

_____

Thank you for your order. Please quote the invoice number with your payment.