



ARTIST INVOICE

Bill From

Name: XYZ
Company Name: Demo
Street Address: Address1
City, ST ZIP Code: 12234
Phone: _____

Bill To

Name: ABC
Company Name: Demo2
Street Address: Address2
City, ST ZIP Code: 45678
Phone: _____

Invoice **21473647**

PO Number: 210724

Invoice Date: 02/06/2021

Due Date: 04/07/2021

Description	Quantity / Hours	Price (\$)	Total (\$)

Line Total			6,741.04
Sales Tax			0.00
Freight			356.72
Total			7,097.76

Terms and Conditions

Thank you for your business. Please send payment within _____ days of receiving this invoice. There will be a _____% per _____ on late invoices.