

ARCATRANS Inc.

Invoice

Invoice No.:

Bill To:

Ship To:

Customer ID:

Date	Order No.	Sales Rep.	FOB	Ship Via	Terms	Tax ID

Quantity	Item	Description	Discount	Taxable	Unit Price	Total

Subtotal:	
Tax:	
Shipping:	
Miscellaneous:	
Balance Due:	

PHONE

FAX

WEB

[Street Address], [City], [State] [Postal Code]

[Your Phone]

[Your Fax]

[Web Address]