# INVOICE

*ABATE OF MICHIGAN*

**Invoiced to:**

| | |
|---|---|
| Name: | |
| Street Address: | |
| City: | State: |
| Zip: | Phone: |

| Invoice Date | Region | Payment Terms | Due Date |
|---|---|---|---|
| | | | |

| Qty | Description | Unit Price | Line Total |
|---|---|---|---|
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| | | | |
| | | Subtotal | |
| | | Sales Tax | |
| | | Total | |

Make all checks payable to P.O. Box 19 Sheridan, MI 48884 United States

***Thank you for your business!***