

# Credit Invoice Form Sample

**From:**

Business Name  
Address  
Email | Phone

**To:**

Client Name  
Address  
Email | Phone

<b>Invoice #</b>	CI-2024-001	<b>Invoice Date</b>	2024-07-04
<b>Due Date</b>	2024-07-18	<b>PO #</b>	PO-456

Description	Quantity	Unit Price	Amount
Product/Service 1	5	\$100.00	\$500.00
Product/Service 2	2	\$200.00	\$400.00
<b>Subtotal</b>			\$900.00
Tax (10%)			\$90.00
<b>Total Due</b>			<b>\$990.00</b>

**Payment Terms:**

- **Due Date:** 14 days from invoice date (2024-07-18)
- **Late Payment:** Interest of 2% per month will be applied to overdue balances.
- **Accepted Payment Methods:** Bank Transfer, Check, Credit Card

Please make payment to:  
Bank Name: Sample Bank  
Account Name: Business Name  
Account Number: 12345678 | Routing: 123456789

Thank you for your business!