|  |  |
| --- | --- |
| **logo.png** | INVOICE |
|  | INVOICE # 001Date:  |
| 837 ROSELAWN AVE, # 705TORONTO ON, M6B 1B5Phone: 416-559-8455 Fax :416-783-2327 **EMAIL:** **info@icecreamtrucks.ca****WEBSITE: www.icecreamtrucks.ca** |  |

|  |  |  |
| --- | --- | --- |
| To: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| salesperson | job | payment terms | due date |
| EDMOND SINANI | MANAGER | Due on receipt |  |

|  |  |  |  |
| --- | --- | --- | --- |
| qty | description | unit price | line total |
|  |  | $ | $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Subtotal | $ |
|  | Sales Tax | $ |
|  | Total | $ |

Make all checks payable to **MR. ICEBERG INC.**

Thank you for your business!