|  |  |
| --- | --- |
| **FROM:****Name**AddressContact NumberEmailABN | TAX INVOICEInvoice # 000Date:dAY/MONTH/YEAR  |
| To**Arts North West**PO BOX 801Glen Innes NSW 2370ABN 13 294 582 557office@artsnw.com.au |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| QUANTITY | DESCRIPTION | UNIT PRICE | GST | aMOUNT |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| SUBTOTAL |  |
| GST |  |
| SHIPPING & HANDLING |  |
| TOTAL AMOUNT DUE |  |

**EFT**
Bank:

Branch:

BSB:

Account number:

Account Name:

Payment terms: 14 Days

PROMPT PAYMENT IS APPRECIATED
THANK YOU!