

# Bill of Sale for Electronics

Street Address \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

For: \_\_\_\_\_

Bill To \_\_\_\_\_

Date:	Description	T	Amount
Invoice #			

Sub Total	
Tax Rate	
Sales Tax	
Total	

**THANK YOU FOR BUSINESS!**