



PHONE: 1-866-698-2231
 FAX: 1-866-698-1677
 GST/HST#: 83762 2323 RT0001

INVOICE

Terms: Net 30 Days

Invoice No.: 9000000001
 Invoice Date: 8/15/2011
 Customer: 1000000001
 Delivery: 800000001
 Customer PO:
 Ship Via:
 Page: XXX of YYY

Bill To: NAME1 + NAME2
 NAME3 + NAME4
 Head Accountant
 123 Main Street
 Second Address Line
 Windsor, ON N9A 4M9
 CAN

Ship To: NAME1 + NAME2
 NAME3 + NAME4
 Julie Librarian
 123 Main Street
 Second Address Line
 Windsor, ON N9A 4M9
 CAN

Remit To:
 CVS Midwest Tape
 P.O. Box 4559 Postal Station A
 Lockbox #T45591C
 Toronto, ON M5W 4S7

| Qty | UOM | Format Delivery | Description Stock# | OCLC# | Customer Line Item# | Retail | Price | Extension |
|---------------------------------------|-----|--------------------|-----------------------|-------|---------------------|--------|-------|-----------|
| | | | Title 1 | | | | | |
| | | | PO# | | BIB# | \$ | \$ | \$ |
| | | | ONum | | Fund | | | |
| | | | Branches: | | | | | |
| | | | Title 2 | | | | | |
| | | | PO# | | BIB# | \$ | \$ | \$ |
| | | | ONum | | Fund | | | |
| | | | Branches: | | | | | |
| | | | Title 3 | | | | | |
| | | | PO# | | BIB# | \$ | \$ | \$ |
| | | | ONum | | Fund | | | |
| | | | Branches: | | | | | |
| Product Sub-total: | | | | | | | | \$ |
| Freight Charges: | | | | | | | | \$ |
| GST @ %: | | | | | | | | \$ |
| Please Pay this Amount in CAN: | | | | | | | | \$ |