



INVOICE

**SOUTH BEACH
TIES**

Date: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

	Tie Name	Qty	Product Number	Unit Price	Total
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
9.					\$
10.					\$
				Subtotal	\$
				Tax	\$
				Shipping & Handling	\$
				TOTAL	\$

THANK YOU!

PLEASE TELL YOUR FRIENDS TO VISIT US AT WWW.SOUTHBEACHTIES.COM