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INVOICE

Invoice Date

Feb 23, 2016

Due Date

Mar 10, 2016

Invoice No.

100

|  |  |
| --- | --- |
| BILL FROM:  [Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone] | BILL TO:  [Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Description** | **Price** | **Qty** |  | **Total** |
| 1 | Maecenas porttitor congue massa | $200 | 2 |  | $400 |
| 2 | Fusce posuere | $300 | 1 |  | $300 |
| 3 | Pagna sed pulvinar ultricies | $500 | 2 |  | $1000 |
| 4 | Purus lectus malesuada libero | $100 | 5 |  | $500 |
| 5 | Sit amet commodo magna | $200 | 3 |  | $600 |
| **Subtotal** | | | |  | **$2800** |
| sales Tax 8% | | | |  | $264 |
| shipping & handling | | | |  | 0 |
| **Total due** | | | |  | **$3024** |

|  |  |  |
| --- | --- | --- |
| Terms and conditions:  Please send payment within 30 days of receiving this invoice. There will be a 1.5% interest charge per month on late invoices.  Thank you for your business. |  | Please make a payment to:  Beneficiary Name: [Company Name]  Beneficiary Account Number: [1234567890]  Bank Name and Address: [Bank Name and Address]  Bank Swift Code: [1234567890]  IBAN Number: [1234567890] |

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