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Invoice

|  |  |
| --- | --- |
|  | Invoice No.  100  Date  February 22, 2016  Due Date  March 10, 2016 |

|  |  |
| --- | --- |
| Bill From  [Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone] | Bill To  [Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ID | Description | Quantity | Price, $ | total, $ |
| 01 | Mauris et orci. Aenean nec lorem. In porttitor | 2 | 480.00 | 960.00 |
| 02 | Donec laoreet nonummy augue. Suspendisse dui purus | 5 | 330.00 | 1,650.00 |
| 03 | Ut nonummy. Fusce aliquet | 6 | 750.00 | 4,500.00 |
| 04 | Integer nulla. Donec blandit feugiat ligula | 4 | 100.00 | 400.00 |
|  | | | Subtotal | $7,510.00 |
|  | | | Sales Tax 8% | $600.80 |
|  | | | S&H | $50.00 |
|  | | | Total Due | $8,160.80 |

|  |  |
| --- | --- |
| Terms and conditions  Thank you for your business. Please send payment within 30 days of receiving this invoice. There will be a 1.5% interest charge per month on late invoices. | 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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