|  |  |
| --- | --- |
| Invoice  Bill From  [Name], [Company Name]  [Street Address], [City, ST ZIP Code]  [Phone] | Description: hloom_logo |
| Bill To  [Name], [Company Name]  [Street Address], [City, ST ZIP Code]  [Phone] | Invoice#: 100  Invoice date: Feb 23, 2016  Due date: March 10, 2016 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Description** | **Qty** | **Price** | **Total** |
| 01 | Nunc sagittis. Curabitur varius fringill | 5 | $500.00 | $2,500.00 |
| 02 | Duis a quam non neque lobortis | 10 | $1000.00 | $10,000.00 |
| 03 | Proin hendrerit tempus arcu | 8 | $550.00 | $4,400.00 |
|  | | **Subtotal** | | **$16,900.00** |
|  | | Sales Tax 8% | | $1,352.00 |
|  | | Shipping & Handling | | $100.00 |
|  | | **Total Due** | | **$18,352.00** |

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