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|  | | Invoice | |
| Bill From  [Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone] | Bill To  [Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone] | | Invoice # 100  Invoice Date: Feb 23, 2016  Due Date: Mar 10, 2016 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ID | Description | Qty | Price | Total |
| 01 | Pellentesque habitant morbi tristique senectus | 25 | $250.00 | $6,250.00 |
| 02 | Et netus et malesuada fames ac turpis egestas | 8 | $240.00 | $1.920.00 |
| 03 | Sed velit urna, interdum vel | 6 | $500.00 | $3,000.00 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Sub Total** | | | | $11,170.00 |
| **Sales Tax 8%** | | | | $893.60 |
| **Shipping & Handling** | | | | $500.00 |
| **Total** | | | | **$12,563.60** |

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.

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]

**Thank you for your business!**

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