Invoice

AppSynergies Pvt Ltd,

D-1602, Orchid Suburbia, Link Road,

Kandivali West Mumbai 400067



|  |  |
| --- | --- |
| **BILL TO:** << Client Name >>  **Company Name:** <<Company Name>>  **Mobile No:** <<Client Contact>>  **Address:** <<Address>>  **Email:** <<Client Email>>  **Project Name:** <<Project Name>> | **INVOICE DATE:** << Date >>  **GST:** 27AAUCA6515D1ZK **HSN CODE:** 998314 |

# Payment Description: (INR)

|  |  |  |
| --- | --- | --- |
| **S. No** | **DESCRIPTION** | **PRICE** |
| 1 | <<Service>> | <<Price>> |

**Payment Schedule :**

|  |  |  |
| --- | --- | --- |
| **S.NO** | **SCHEDULE** | **PRICE** |
| 1. | Before starting the project, the client needs to pay <<P1>> of the total or the estimated amount. | <<Price>> |
| 2. | On 50% project completion, the next <<P2>> payment needs to be released. (After getting UI UX Design Approved) | <<Price2>> |
| 3. | Once the project gets completed the client needs to pay the rest <<P3>> of the total amount before getting the handover. | <<Price3>> |

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# Payment Details:

**Account Number:** 036605002946

**IFSC Code:** ICIC0000366

**Account Name:** AppSynergies Private Limited

# Terms and Conditions:

* Payment needs to be released as per the schedule mentioned in the proposal.
* Any out-of-scope work is subject to additional charges.