# **FACTURE**

# COMPANY

## Company name Services

■ 1 rue fictive test 01000 Testcity

+33(0)6 00 00 00 00

@ contact@email.com

www.siteweb.com

Siret: xxxxxxxxxxxxxxxxx

 Date
 N° Facture
 N° Client

 26/09/2018
 N0001
 C0001

#### Livraison:

firstname name
1 rue fictive
test
01000 Testcity
+33(0)6 00 00 00 00
contact@email.com

### **Facturation:**

1 rue fictive test 01000 Testcity +33(0)6 00 00 00 00 contact@email.com

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