## TEST ORGANIZATION

## **INVOICE TEST-PDF-001**

**Issue Date:** 2025-10-01

**Due Date:** 2025-10-31

testorganization@test.com

+1-552-200-8558

BILL TO: PAYMENT TERMS:

Karlie CorwinCAD \$1,130.00Ricky72@hotmail.comDeposit: \$0.00(480) 356-5275Status: SENT

DESCRIPTION QUANTITY  $\begin{array}{c} \text{UNIT} & \text{TAX} \\ \text{PRICE} & \text{RATE} \end{array}$  TOTAL

Subtotal:	\$1,000.00
Tax:	\$130.00
Total:	\$1,130.00
Paid:	\$0.00
Balance Due:	\$1,130.00

## **Terms & Conditions:**

Net 30 days

THANK YOU FOR YOUR BUSINESS!