

# INVOICE

[City, ST ZIP Code]  
 [Street Address]  
 [Name] - [Company Name]

#	Description	Quantity	Price	Total
01	Pasta trifolium	2	\$18.00	\$36.00
02	Proin nec augue	4	\$10.00	\$40.00
03	Quisque aliquam tempor magna	8	\$8.00	\$64.00
04	Pellentesque habitant morbi	4	\$2.00	\$20.00
05	Tisique senectus et netus	8	\$4.00	\$32.00
			<b>Subtotal</b>	\$152.00
			Sales Tax 8%	\$12.16
			Shipping and Handling	\$10.00
			<b>Total Due</b>	\$174.16

## Invoice Details:

Invoice #: 100  
 Invoice date: Feb 23, 2018  
 Due date: March 10, 2018

## Please make a payment to:

Beneficiary Name: [Company Name]  
 Beneficiary Account Number: [324567890]  
 Bank Name and Address: [Bank Name and Address]  
 Bank Swift Code: [324567890]  
 BAI2 Number: [324567890]

## 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.