

Mauji Discos

(Company Name)

(Street Address)

(City, ST, ZIP Code)

Phone (Area) XXX-XXXX XXX (Area) XXX-XXXX

BILL TO:

(Name)

(Company Name)

(Street Address)

(City, ST, ZIP Code)

(Phone)

INVOICE

Live Performance

DATE:

July 8, 2018

INVOICE #

1000

FOR:

(Projector Service

Description)

DESCRIPTION	QUANTITY	RATE	AMOUNT
Guide by at Mexico night	1	\$100.00	\$100.00
SUBTOTAL			\$100.00
TAX RATE			0%
SALES TAX			\$0.00
OTHER			\$0.00
TOTAL			\$100.00

Valid at/within 30 days to (Name/Company Name)

Total due in 30 days if not paid will be subject to a service charge of 3% per month.

THANK YOU FOR YOUR BUSINESS!