



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

INVOICE

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

#	Description	Quantity	Price	Total
01	Pasta testique	2	\$18.00	\$36.00
02	Praesent augue	4	\$10.00	\$40.00
03	Quisque aliquam tempus magna	5	\$8.00	\$40.00
04	Pellentesque habitant morbi	4	\$5.00	\$20.00
05	Tristique senectus et netus	3	\$4.00	\$12.00
			Subtotal	\$158.00
			Sales Tax 8%	\$12.64
			Shipping and Handling	\$10.00
			Total Due	\$178.64

Invoice Details:

Invoice # 100
Invoice date: Feb 23, 2016
Due date: March 12, 2016

Please make a payment to:

Beneficiary Name: [Company Name]
Beneficiary Account Number: [1234567890]
Bank Name and Address: [Bank Name and Address]
Bank Swift Code: [1234567890]
BANK Number: [1234567890]

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 payments.