[Company Name]

[Company 7 is gand

[Street Address] [City, ST ZIP]

Phone: [000-000-0000] Fax: [000-000-0000]

DILLTO

[Mane] [Company Mane] [Since Address] [Cip. SI ZIP] [Plane]

INVOICE

DATE
INVOICE #
Customer ID

[12/10/2010 [123+5 4] [123]

DES CRIPTION	TAXED	A	THUOLE
[Service Fee] [Labor:) he us at \$ / 0.4 ar] [Parts]	x		230.00 375.00 345.00
	ënbistal Lazable	\$	950.00 345.00
	Lawable Lawrete	\$	345.00 6.250 %
OTHER COMMENTS 1. Total psychological days 2. Physic include the invoice number on your class.	Lama blo		345.00

Myo'n have any questions also untiles thereion, please constant [Maxim, Harms #, E-maxi]

Thank You For Your Business!