

INVOICE

**BUSINESS NAME**

1234, Street, Address, City, State, Zip
Website, Email Address
Contact Number :
GSTIN NO.:OM01

**INVOICE NO.: 90000007****INVOICE DATE:24.01.2025**
DUE DATE: 24.01.2025**BILL TO**

Person Name:
Business Name:
Address:
GSTIN NO.:111

SHIP TO

Person Name:
Business Name:
Address:
GSTIN NO.:111

Billing Item	Description	Quantity	Total
000010	Trading Material	100,000	10.000,00
000010	Trading Material	100,000	10.000,00
000010	Trading Material	100,000	10.000,00
000010	Trading Material	25,000	2.500,00
000010	Trading Material	100,000	10.000,00
000010	Trading Material	50,000	5.000,00
000010	Trading Material	25,000	2.500,00
000010	Trading Material	25,000	2.500,00

SUBTOTAL : 52.500,00**Terms & Conditions**

All payments must be made within 15 days of invoice date & goods once sold will not be taken back or exchanged.

Seal & Signature