

# YOUR COMPANY NAME

Address - CITY ZIP Code

Phone - Email-address

**INVOICE NUMBER:** INV20250710150750

**INVOICE DATE:** 2025-07-10

**DUE DATE:** 2025-07-10

## BILLED TO

eterg

safdfghj

Phone: 5768945943

ID	Description	Price	QTY	Total
1	seat, wafers	■90.00	56	■5040.00

Subtotal ■5040.00

Discount ■0.00

Tax (18%) ■907.20

**INVOICE TOTAL** ■5947.20

## BANK ACCOUNT

Company name

Account number: 1234567890

Bank name and address

SWIFT Code: ABCD1234

IBAN Number: IN00BANK000123456

## TERMS AND CONDITIONS

Thank you for your business! Please make the payment within 14 days. There will be a 4% interest charge per month on late invoices.