

# 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
<b>INVOICE TOTAL</b>	<b>■5947.20</b>

**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.