# INVOICE

Professional Service Invoice

## Billing Information

| | |
|---|---|
| **Name:** | **Rohit Sharma** |
| **Email:** | rohit@example.com |
| **Phone:** | **+919876543210** |

| | |
|---|---|
| **Amount:** | **₹500** |
| **Date:** | 1/6/2025, 10:27:13 am |
| **Status:** | **Confirmed** |

## Terms & Conditions

✓ This invoice is valid for 30 days from the date of issue.

✓ No refunds are allowed after service confirmation and delivery.

✓ For any queries or support, please contact support@maxnet.com.

✓ Payment should be made within the specified validity period.

✓ Late payment charges may apply as per company policy.

**Need Help?**

📧 Email: support@maxnet.com

Authorized Signature & Company Seal