

# INVOICE

**INVOICE TO :**

## Colour Hair and Beauty SA

**Date :**

November

**Invoice No :**

BILL\_TO-

Description		Amount
Business		3868.22
		3868.22
		3868.22
Payment Method	Sub-Total	4405021.19
	Total	968975

## Terms and Conditions

Please send payment within 30 days of receiving this invoice. There will be 10% interest charge per month on late invoice.

## Diluc Steiner

Administrator