## **INVOICE**

**INVOICE TO:** 

Norman Wink Stephens

Date: 20 Oct-

**Invoice No:** 

#NUMB-

Description		Amount
USB		6720.49
USB		6720.49
USB		6720.49
Payment Method	Sub-Total	4035579.0
Bank Name : Empty AccountNo:	<b>T.1.1</b>	222252

**Total** 

## **Terms and Conditions**

406922000370

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

**Diluc Steiner** 

800053

Administrator