INVOICE

**INVOICE TO :**

Norman Wink Stephens

**Date :**

20 Oct-2021

**Invoice No :**

#NUMB- 0000048284Dm

**Payment Method**

Bank Name : Empty AccountNo: 406922000370

**Sub-Total Total**

**4035579.0**

**800053**

**Terms and Conditions**

6720.49

6720.49

6720.49

USB

USB

USB

**Amount**

**Description**

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

**Diluc Steiner**

Administrator