INVOICE

Senders Name: Address:

**INVOICE TO :**

**Date :**

**Invoice No :**

**Payment Method**

Bank Name :

AccountNo:

**Sub-Total Total**

**Terms and Conditions**

**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