**Company Name:**

**Address:**

Phone Number : INVOICE

**BILLED TO:**

**Company Name:**

Phone Number :

63 Ivy Road, Hawkville,

GA, USA 31036

Invoice No:

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Quantity** | **Unit Price** | **Total** |
|  |  | R |  |
|  |  | R |  |
|  |  | R |  |
|  |  | **Subtotal:** | R |
|  |  | **Tax (0%)** | R0 |
|  |  | **Total** | **R** |
| Thank you! |  |  |  |
| **PAYMENT INFORMATION**  Briard Bank |  |  |  |

Account Name: Samira Hadid Account No.:

Pay by: 5 July 2025