

# INVOICE NO.

100

#### DATE

February 22, 2016

## DUE DATE

March 19, 2016.

#### BEIL Frank

[Name] [Company Name] [Street Address] [City, ST ZIP Code] [Phone]

## Sill To

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]

10	DESCRIPTION	QUANTITY	PRICE, 5	TOTAL 5
Uİ	Monthly Cont. Action and American in pressure	2	480.00	960.00
02	Dones Literat commency stages. Suspendous discusses	s	330.00	1,650.00
03	COT EXPERIENCES CONTRACTOR		750.00	4,500.00
84	Datrier virtle: Heise Moute Drigger Light	4	100.00	460.00
			Subtotal	\$7,510.00
			Sales Tax 8%	\$600.80
			S&H	\$50.00
			Total Due	\$8,160.80

## Please make a payment to

Beneficiary Name: [Contpany Name]

Beneficiary Account Number: [1254567890].

Bank Name and Address: [Bank Name and Address]

Bank Swift Code: [1234567890] BAN Number: [1234567890]

### Terms and conditions

Thank you for your business. Please send payment within 30 days of receiving this implie. There will be a 1.5% interest charge per month on late invoices.