

# Invoice

Order ID: [REDACTED]

Customer ID: TOMSP

Order Date: [REDACTED]

Customer Details:

Contact Name:	Karin Josephs
Address:	[REDACTED]
City:	Münster
Postal Code:	[REDACTED]
Country:	[REDACTED]
Phone:	[REDACTED]
Fax:	[REDACTED]

Product Details:

Product ID	Product Name	Quantity	Unit Price
[REDACTED]	Tofu	9	[REDACTED]
[REDACTED]	Manjimup Dried Apples	[REDACTED]	42.4
		[REDACTED]	[REDACTED]