**INVOICE**

**Your Company Name**123 Business Street  
City, State ZIP Code  
Phone: (123) 456-7890  
Email: contact@yourcompany.com

|  |  |
| --- | --- |
| Invoice Number | INV-002 |
| Invoice Date | 2025-07-30 |
| Due Date | 2025-08-29 |
| Client | salim el achour alger algérie |

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Quantity | Unit Price | Total |
| azert | 3 | $2000.00 | $6000.00 |

|  |  |
| --- | --- |
| Subtotal | $6000.00 |
| Tax (10.0%) | $600.00 |
| Total | $6600.00 |
|  |  |

**Payment Terms:**

Payment is due within 30 days. Please make checks payable to Your Company Name.

*Thank you for your business!*