

# INVOICE

213-546-789  
your@email.comyour website

Your Address  
city, State, Country  
ZIP code

Billed To  
**Testing**  
dev@kaalpanik.in  
8308004796

Date: 09/09/2021, 01:15:30  
Bill No : 44

Vehicle No	Fuel Type	Quantity	Total
645	Extra Premium	5	500.00
Total Amount			500.00



*Signature*

- Order can be return in max 10 days.
- Warrenty of the product will be subject to the manufacturer terms and conditions.
- This is system generated invoice.