INVOICE

213-546-789 your@email.comyour website

Your Address city, State, Country ZIP code

Billed To Date: 19/07/2021, 23:10:11
Testing
Bill No : 348

dev@kaalpanik.in 8308004796

| Vehicle No | Fuel Type | Quantity | Total |
|--------------|---------------|----------|--------|
| 645 | Extra Premium | 10 | 540.00 |
| Total Amount | | | 540.00 |



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.