INVOICE

213-546-789 your@email.comyour website

Your Address city, State, Country ZIP code

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

Date: 06/08/2021, 19:27:13 Bill No: 484

el Type	Quantity	Total	
ra Dramium	40	4000 00	

Vehicle No	Fuel Type	Quantity	Total
645	Extra Premium	40	4000.00
Total Amount			4000.00



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.