INVOICE

213-546-789 your@email.comyour website

Your Address city, State, Country ZIP code

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

Date: 09/08/2021, 14:41:42 Bill No: 975

| Vehicle No | Fuel Type | Quantity | Total |
|--------------|---------------|----------|--------|
| 645 | Extra Premium | 1 | 100.00 |
| Total Amount | | | 100.00 |



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.