

# INVOICE

213-546-789  
your@email.comyour website

Your Address  
city, State, Country  
ZIP code

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

Date: 07/09/2021, 00:21:30  
Bill No : 367

Vehicle No	Fuel Type	Quantity	Total
645	Extra Premium	10	1000.00
Total Amount			1000.00



*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.