

# Tax Invoice



## Customer Info:

Name:	Customer Code:	Invoice No:
Location:	Unit No:	Date:
Tel:	E-mail:	Due Date:
	TRN:	Vat Reg No:

Sl.No.	Description	Gross Amount	Tax Amount	Net Amount (AED)

## Thank you for your business

Please make payment to the following,  
quoting the Invoice No.

Gross Total (AED)	
Total VAT Amount (AED)	
Net Total (AED)	

## Bank Details

Account Title : High Power Services LLC  
Account No. : 3708433539001  
IBAN No. : AE27 0340 0037 0843 3539 001  
Bank Name : Emirates Islamic Bank  
Branch Name : Health Care City

Amount (in words) :

Remarks :

*This is a computer generated document and does not require a stamp or signature*