

Your company name

Street address
City, street, ZIP code
Phone number, web address, ecc.

Date: jueves 19
Invoice # INV0001

Bill to: ABC Company Ship name

Company Address Company state1 Company state 2 Ship Address
Ship state1
Ship state 2

cantidad_disponible minimo_disponible

fanta naranja

19

vino

20 7

cerveza

20 10

tabaco a

7 5

tabaco b

7 5

Coca cola

9 10

Nestea

13 5