

**Dental Solutions Invoice No. 1 (1) – Offer 1**

*22 Avenue Voltaire*

*75019 Paris*

*France*

|  |
| --- |
| **Destinataire :** |
| {{dentist full name}} |
| {{dentist adress (skip line if empty}}  {{dentist phone (skip line if empty)}} |
| France |

|  |  |
| --- | --- |
| Date de la facture | {{Invoice Date}} |
| Référence de la facture | {{Invoice Number}} |
| Numéro de client | {{ID dentist}} |
| Emis par | Dental Solutions |

**Infos additionnelles**

Merci d'avoir choisi Dental Solutions pour nos services.

Vous pouvez nous contacter à [soludents@support.com](mailto:soludents@support.com) ou sur notre chat en ligne à www.soludents.com.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **% TVA** | **TVA** | **TOTAL TTC** |
| {{Invoice Number}} | 20% | 78,00 € | 390,00 € |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total HT** |  | 322,00 € |
|  | **TVA** |  | 78,00 € |
|  | **Total TTC** | | **390,00 €** |