Company Name INVOICE

|  |  |
| --- | --- |
| Date |  |
| Invoice # |  |
| Order No. |  |
| Ref. No. |  |

Address:

NIF:

Social Reason:

|  |  |
| --- | --- |
| BILL TO | |
| Customer |
| Address: |
| NIF: |
| Social Reason: |

|  |
| --- |
| COMMENTS |
| 1. Payment due in 30 days  2. Please note the invoice number in your payment method  Banking and wire transfer information may also be included here |

|  |  |  |  |
| --- | --- | --- | --- |
| Products | Qty | Unit Price | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Subtotal |  |
|  |  | Taxes |  |
|  |  | Total |  |

Thank you for your business!

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