



**Invoice ID : 12313123**

**Invoiced From**

**ShippingXPS**

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Address:--

Phone: --

Email : --

**Invoiced To:**

**Ralph Patel**

Address:999 North Old Drive, Qui doloremque deser

Phone: 18567996437

Email: customer@shippingxps.com

**Charges**

Charges For Insurance Request with Shipping	4500
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Sub Total : \$4500

Discount : \$0

Grand Total : \$4500

**Payments:**

Payment Method	Date	Status	Payment Amount
Card	01-02-2022	Payment Complete	4500

**THANK YOU FOR YOUR BUSINESS**

+1 657-201-7881

shippingxps.com

info@shippingxps.com