

INVOICE

**Bill To**

Full name

Company

Street Address

City, Zipcode, State, Country

Email address

Phone number

**Ship To**

Full name

Company

Street Address

City, Zipcode, State, Country

**Invoice No:** #123456

**Order Date:** Jan 16th, 2019

| Item | Quantity | Unit Cost (USD) | Cost  (USD) |
| --- | --- | --- | --- |
| EMOTIV Insight 5 Channel Mobile EEG - Stealth Black | 1 | 299.00 | 299.00 |
|  |  | Subtotal | 299.00 |
|  |  | Discount | 0 |
|  |  | State Tax | 0 |
|  |  | Shipping | 59.95 |
|  |  | **Total** | **358.95** |

**WIRE TRANSFER INSTRUCTIONS**

Account Name: Emotiv Inc.

Address: 490 Post Street #824

San Francisco, CA 94102 USA

SWIFT: WFBIUS6S

Bank: Wells Fargo

Branch: San Francisco

FW ABA: 121000248

Account No.: 1533250401

Account Type: Savings

If paying by Wire Transfer, please email a copy of your documents to [accounting@emotiv.com](mailto:accounting@emotiv.com) to make sure your payment is posted properly.