

# testing2

**INVOICE #K5524671299**

Date: 2025-05-13

**BILL TO:**

Testing name one  
Testing company name  
Phone: 1231231234  
Email: papy@gmail.com

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
3	testing description	\$700.00	\$2,100.00
TOTAL			\$2,100.00

**PAYMENT TERMS**

You have 3 days from the date this invoice is issued to make a payment.  
Any late payment will result in a 50% increase based on the amount.  
All payments must be sent via Zelle to: 737-710-6090

All sales are final