Date: 12 April 2017

To

«First\_Name» «Last\_Name»

«Street\_Address»

«Suburb»

«State» «Post\_Code»

Dear «Title». «First\_Name» «Last\_Name»,

This is the invoice for **«Invoice\_Description»**. The invoice number is **«Invoice\_Number»**.

The invoice amount is **AUD «Invoice\_Amount»**. Kindly note that the amount is due on **«Invoice\_Due\_Date»**.

Thanking you.

Sincerely,

Medical Excellent Health co.

Suite 4, 184 North Road

Sydney 2000

Phone: 1500 666 123

Email: contact@MEH.com.au