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| **INVOICE** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Navien Inc.** |  | **INVOICE DATE** | **INVOICE NUMBER** | |
| **20 Goodyear** |  | 5-Dec-20 | #InvoiceNum | |
| **Irvine, CA 92618**  **Phone# 949-420-0420 Fax# 949-420-0430** |  |  |  |
| **www.NavienInc.com** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **BILL TO** |  |  | **SHIP TO** |
| #CompanyName |  |  | #ContactPerson |
| #CompanyAddress |  |  | #ShippingAddress |
| #CityStateZip |  |  | #CityStateZip |
| #Country |  |  | #Country |
| #Tel1 |  |  | #Tel2 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PO NUMBER** | | **PAYMENT TERMS** | | **SALES REP** | |
| #PoNumber | | #PaymentTerm | | #SalesRep | |
| **TRACKING NUMBER** | **SHIP VIA** | | **SHIPPING DATE** | | **DUE DATE** |
| #TrackingNumber | #ShipVia | | #ShippingDate | | #DueDate |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **QTY** | **ITEM NO** | **OLD ITEM NO** | **DESCRIPTION** | **UNIT PRICE** | **AMOUNT** | **CUR** |
|  |  |  |  |  | 0.00 |  |
| Total | | | | 0.00 | | #Cur |

|  |
| --- |
| **<Remark>** |

MAKE ALL CHECKS PAYABLE TO NAVIEN, INC.

\* IF NOT PAID WITHIN 30 DAYS, A LATE CHARGE EQUAL TO 1.5% OF THE INVOICE WILL BE CHARGED MONTHLY UNTIL PAID.

THANK YOU FOR YOUR BUSINESS!