

# Payment Invoice

**Invoice Number:** INV-001

**Date:** 2023-06-09

**Customer:** John Doe

**Amount:** \$100.00

**Payment Method:** Credit Card

**Receiver**

John Doe  
123 Main Street  
City, State, ZIP

**Provider**

Your Company  
456 Business Avenue  
City, State, ZIP

Product	Quantity	Price	Total
Product 1	2	\$25.00	\$50.00
Product 2	1	\$30.00	\$30.00
Product 3	3	\$15.00	\$45.00