

SHAIKH MO.AJAZ

Mobile No: 9998714499

Invoice: KM-00001

Date: 09-08-2025

BILL TO INV-001 Invoice No: Cu**Bto**m TOName Date: dd-mm-yyyy

Contact Number Customer Name) Address (redacted)

S(Street) S(City) Description	Qty	R	Rate Amount
Thank you for choosing KMC! SI. Description	Qty	Tiestad	Amount
1 Sample item A	1	100.00	100.00
2 Sample item B	2	150.00	300.00
3 Sample item C Gujarat Gov. Permit No: G-GW-E-000025-NTC(W)2018	3	200.00	600.00
PAN No: DTPPS1809N		SHAIK	H MO. AJAZ
Please issue the Cheque in the Name of:		On And	II WO. AGAL
Shaikh Mo.Ajaz			

Total: Authorized (Signatory