

CERYACAST SL

CIF: B10712222

Cirilo Amoros Street 44, 46004, Valencia, Spain
CLÍNICA DENTAL

INVOICE

DATE: June 12, 2024
INVOICE # A-2
Currency Euro

Bill To:

yoslan Díaz Valdés
Calle Valle de Laguar, 10
46009-Valencia
NIF:17598265E

Terms of the payment according to the corresponding agreement:

DESCRIPTION	AMOUNT
fdh	€ 365.00
TOTAL	€ 365.00

Bank Name: BANKINTER
Bank Address: Cirilo Amoros Street 44, 46004, Valencia, Spain
Account holder name: CERYACAST SL
BIC/SWIFT code: BKBKESMMXXX
IBAN number (Europe): ES15 2458 7842 8936 8542 8751

Forma de pago: Efectivo