



[Company Name] - [Name]
[Street Address] - [City, ST ZIP Code]

INVOICE

Invoice#: 100
Invoice date: Feb 23, 2016
Due date: March 10, 2016

[Name] - [Company Name]
[Street Address]
[City, ST ZIP Code]

#	PRODUCT	QTY	PRICE	TOTAL
1	Loremipsum dolor sit amet	1	\$160	\$160
2	Veriinteresseteu vimgertum	2	\$160	\$320
3	Veri interesset eu vim, cu accusata constituam	1	\$40	\$40
5	Nibh verear comprehensam quoea accusamu	1	\$40	\$40
			Subtotal	\$560
			Sales Tax 8%	\$45
			Shipping & Handling	\$50
			Total Due	\$655

Terms and conditions

Thank you for your business. Please send payment within 30 days of receiving this invoice. There will be a 1.5% interest charge per month on late invoices.

Please make a payment to:

Beneficiary Name: [Company Name]
Beneficiary Account Number: [1234567890]
Bank Name and Address: [Bank Name and Address]
Bank Swift Code: [1234567890]
IBAN Number: [1234567890]

TTD

Finance Dept.