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

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| [Name] - [Company Name]  [Street Address]  [City, ST ZIP Code] | Invoice #  **100**  Invoice date  **Feb 23, 2016**  Due date  **March 10, 2016** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ID** | **Description** | **Price** | | **Qty** | **Total** |
| 1 | Velit lacinia egestas auctor | $15.00 | | 5 | $75.00 |
| 2 | Diam eros tempus arcu | $20.00 | | 4 | $80.00 |
| 3 | Nec vulputate augue | $10.00 | | 10 | $100.00 |
|  |  | |  | |  |
|  |  | | **Subtotal** | | **$255.00** |
|  |  | | *Sales Tax (8%)* | | $20.40 |
|  |  | | *Shipping & Handling* | | $20.00 |
|  |  | |  | |  |
|  |  | | **Total Due** | | **$295.40** |

Thank you for your business

Terms & Conditions: Please send payment within 30 days of receiving this invoice. There will be a 1.5% interest charge per month on late invoices.

Payment Method

Beneficiary Name: [Company Name]

Beneficiary Account Number: [1234567890]

Bank Name and Address: [Bank Name and Address] | Bank Swift Code: [1234567890] | IBAN Number: [1234567890]