

Your Company Name
123 Business Ave, Suite 400
City, Country ZIP
Phone: (123) 456-7890
Email: info@yourcompany.com

INVOICE

Bill To: Client Name Client Address Client City, ZIP	Invoice #: INV-0001 Date: 2024-07-10 Due Date: 2024-07-24
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#	Description	Quantity	Unit Price	Amount
1	Product or Service A	2	\$100.00	\$200.00
2	Product or Service B	1	\$150.00	\$150.00

Subtotal: \$350.00
Tax (10%): \$35.00
Total Due: **\$385.00**

Notes: Thank you for your business! Please contact us if you have any questions regarding this invoice.

Payment Terms:
Payment due within **14 days** of invoice date. Late payments may be subject to a 2% monthly late fee.

Accepted Payment Methods: Bank Transfer, Credit Card, PayPal