INVOICE

Invoice #: 100 | Issue Date: 10-23-20XX | Due Date: 03-10-20XX

BILL TO

[Name] - [Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Creative Charges | Hrs | Rate | Price |
| 06 | Location shooting and prep | 5 | 100.00 | $500.00 |
| 07 | Post Production | 3 | 80.00 | $240.00 |
| Subtotal | | | | **$740.00** |

|  |  |
| --- | --- |
| Sales Tax 8% | $59.20 |
| **Total Due** | **$799.20** |

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]

Terms and conditions

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

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