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INVOICE

Invoice No:
Date:
Due Date:



BILL TO

Name:
Company:
Address:

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Phone:

CREDIT & PAYMENT TERMS

Credit Period:
Interest Rate:
Total Installments:
Payment Frequency:

DESCRIPTION OF GOODS / SERVICES

ITEM DESCRIPTION	QTY	UNIT PRICE	TOTAL AMOUNT
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INSTALLMENT PAYMENT SCHEDULE

INSTALLMENT NO.	DUE DATE	AMOUNT DUE	BALANCE REMAINING
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1			
2			
3			
4			

PAYMENT INSTRUCTIONS / NOTES

Subtotal: _____

Tax/VAT: _____

Down Payment: _____

Total Credit Amount:

Authorized Signature

Customer Acceptance Signature