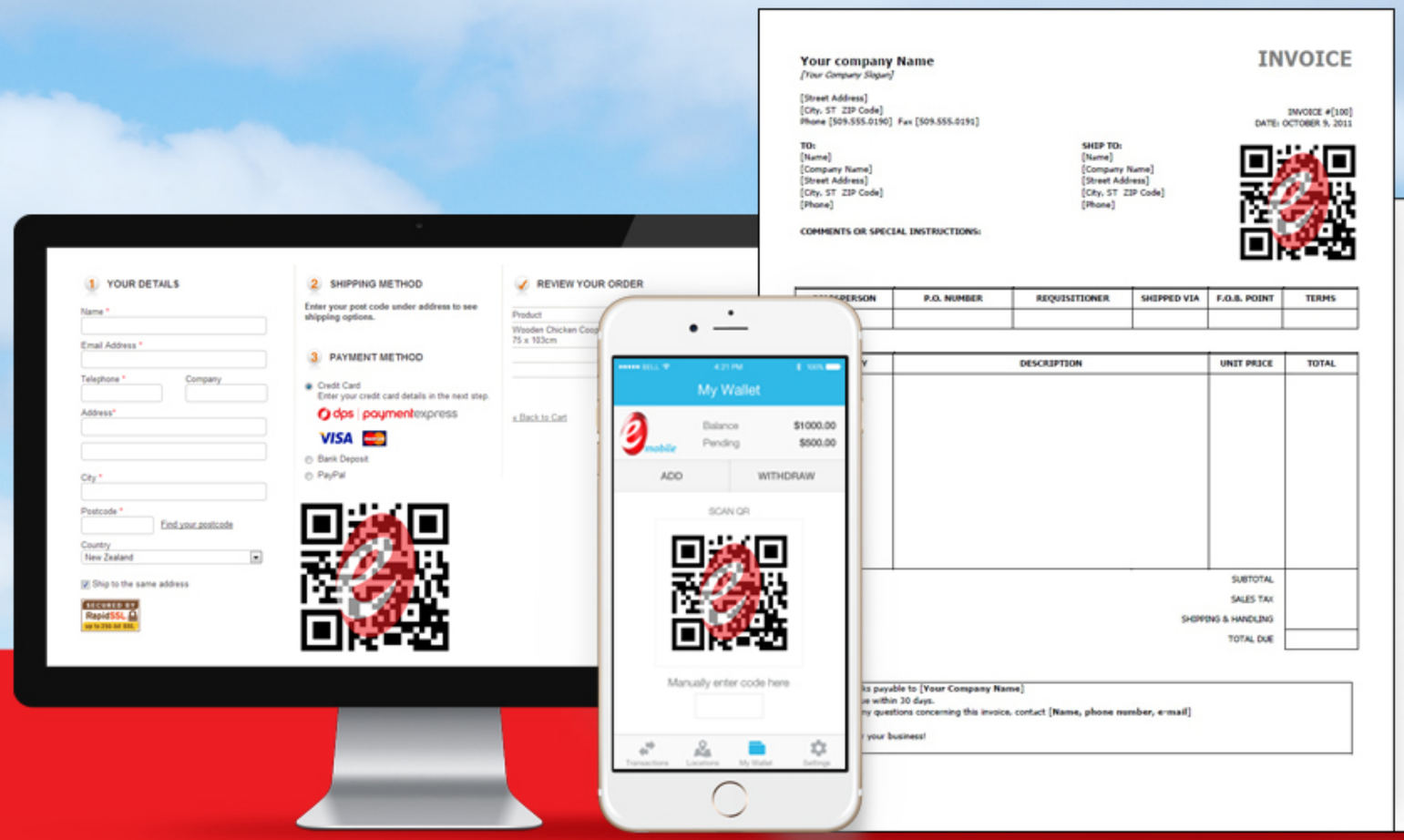
mobile


Your company Name
[Your Company Slogan]
INVOICE
[Street Address]
[City, ST ZIP Code]
Phone [509.555.0190] Fax [509.555.0191]
INVOICE #[100]
DATE: OCTOBER 9, 2011
TO:
[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
SHIP TO:
[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
COMMENTS OR SPECIAL INSTRUCTIONS:
P.O. NUMBER
REQUISITIONER
SHIPPED VIA
F.O.B. POINT
TERMS
DESCRIPTION
UNIT PRICE
TOTAL
SUBTOTAL
SALES TAX
SHIPPING & HANDLING
TOTAL DUE
Make all checks payable to [Your Company Name]
Payment is due within 30 days.
If you have any questions concerning this invoice, contact [Name, phone number, e-mail]
Thank you for your business!
1 YOUR DETAILS
Name *
Email Address *
Telephone *
Company
Address*
City *
Postcode *
Find your postcode
Country
New Zealand
Ship to the same address
2 SHIPPING METHOD
Enter your post code under address to see shipping options.
3 PAYMENT METHOD
Credit Card
Enter your credit card details in the next step.
dps | paymentexpress
VISA
Bank Deposit
PayPal
REVIEW YOUR ORDER
Product
« Back to Cart
My Wallet
Balance $1000.00
Pending $500.00
ADD
WITHDRAW
SCAN QR
Manually enter code here
Transactions
Locations
My Wallet
Settings
RAFFLES
287 King's Road
London. SW3 5EW
TEL: 020 7351 4964
Check 30001
Assistant Manage: Emilio
THU 1/11/12
[Chk Copy 3]
3 DP MATH 24000.00
7 DP OENOTHEQUE 199 3500.00
10 ZOMBIE 300.00
2 BELVEDERE ZERO 1640.00
7 DON JULIO 1942 224.00
2 DP ROSE 2000 MAG 2200.00
6 KRUG ROSE 2400.00
1 Bt1 HAVANA 15 350.00
25 RED BULL 87.50
16 PATRON XO CAFE 160.00
Sub/Ttl 34861.50
Service Charge 5229.23
Total Due 40090.73
Number 30001