Settings

Company Details

Company Name	My Company name	Enable
Company Slogan (Optional)	My company slogan	Enable
Company Address		
Building/House Number	111	
Street	Street	
Town/City	Town/City	
County/Province	County	(Optional)
State/Province	ST	(Optional)
ZIP/Postal Code	00000	
Tel.	0-000-000-0000	
Fax	0-000-000-0000	
E-mail	info@yourcompanysite.com	
Website	www.yourcompanysite.com	
Person/Department to contact	John Doe	
Contact Tel. Number	0-000-000-0000	
Country Specific Setting	S	
Select Relevant	Sales Tax	
Sales Tax on Parts	% 6.50	
Sales lax on laits		
Sales Tax on Labour	% 9.50	
Currency Symbol	\$	
Color Scheme		
Design Picker	Blue	
Template Specific Setting	gs	
Select Relevant Template	Computer Repair	
Payment Due in	30 Days	

My Company name

DATE	November 14, 2016	INVOIC	E # INV-00-12
DUE	December 14, 2016		
CUSTOM	ER INFO	COMPUTER INFO	0
NAME	[Name] [Company Name] [Street Address] [City, ST ZIP Code] [Phone]	MAKE MODEL # SERIAL # ADAPTOR BATTERY RCOVERY CD OTHER	Dell Inspiron M5030 521548744M Yes Yes 2 Ext. HD (Backup)
JOB PER	FORMED		
Labour			
			SUBTOTAL \$

SALES TAX RATE %

PART #	PART NAME	QTY	UNIT PRICE
12345	Part Name 1	1	34.00
67890	Part Name 2	2	17.55
		SUBT	OTAL \$
COMMEN	ITS	SALE	S TAX RATE
Please inc	clude the invoice number as reference when paying online or by check	_	
		ΤΟΤΑ	L LABOUR
		ΤΟΤΑ	L PARTS
		SALE	S TAX
		тот	AI 9

Thank you for your business!

Make all checks payable to My Company name

INVC

111 Street, Town/City, County, ST, 00000 Tel: 0-000-0000 Fax: 0-000-0000 E-mail: info@yourcompanysite.com Web: www.yourcompanysite.com

CE

345



220.00

9.50

AMOUNT
34.00
35.10
-
-
-
_
-
69.10
6.50
220.00
69.10
25.39
69.10

314.49

My Company name

DATE	November 14, 2016	IN\	/OICE #	INV-	00-12
DUE	December 14, 2016				
CUSTOM	ER INFO	COMPUTE	R INFO		
NAME	[Name] [Company Name] [Street Address] [City, ST ZIP Code] [Phone]	MAKE MODEL SERIAL ADAPTO BATTER RCOVEI OTHER	# DR RY	Dell Inspiron M50 521548744M Yes Yes 2 Ext. HD (Bad	1
JOB PER	FORMED		HOURS	RATE	
Screen I	Replacement		2	75.00	
OS Bacl	kup/Restore		3	25.00	
			SUBT	OTAL	\$
			SALE	S TAX RATE	0/_

SALES TAX RATE %

PART #	PART NAME	QTY	UNIT PRICE
12345	Part Name 1	1	34.00
67890	Part Name 2	2	17.55
		SUBT	OTAL
COMMEN	ITS	SALE	S TAX RATE
Please inc	clude the invoice number as reference when paying online or by check		
		ΤΟΤΑ	L LABOUR
		ΤΟΤΑ	L PARTS
		SALE	S TAX
			AL

Thank you for your business!

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CE

345

AMOUNT
150.00
75.00
-
-
-
-
-
-
225.00
9.50

AMOUNT
34.00
35.10
-
-
_
_
-
69.10
6.50
225.00
225.00 69.10

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