INVOICE

Company

Name: **Adress:**
EIN: **City, State:**
Phone: **ZIP Code:**
E-mail: **Country:**

Invoice #{{invoice}}	{{fecha}}

Client / Customer

Name: {{nombre}}
VAT: {{vat}}
Adress: {{direccion}}
City, State: {{ciudad}}
ZIP Code: {{postal}}
Country: {{pais}}

Description	Amount
{{d1}}	{{a1}}
{{d2}}	{{a2}}
{{d3}}	{{a3}}
{{d4}}	{{a4}}
{{d5}}	{{a5}}
{{d6}}	{{a6}}

SUBTOTAL	{{subtotal}}
TAX	{{tax}}
TOTAL	${{total}}

Payment Method: {{medio}}
{{comentarios}}