|  |  |
| --- | --- |
| **FROM:****Name**AddressContact NumberEmailABN | INVOICEInvoice # 000Date:day/month/year  |
| To**Arts North West**PO BOX 801Glen Innes NSW 2370ABN 13 294 582 557office@artsnw.com.au |  |

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| --- | --- | --- | --- |
| QUANTITY | DESCRIPTION | UNIT PRICE | aMOUNT |
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| SUBTOTAL |  |
| SHIPPING & HANDLING |  |
| **TOTAL AMOUNT DUE** |  |

**NOT REGISTERED FOR GST**

**EFT**
Bank:

Branch:

BSB:

Account number:

Account Name:

Payment terms: 14 Days

PROMPT PAYMENT IS APPRECIATED
THANK YOU!