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| --- | --- |
| **FROM:**  **Name**  Address  Contact Number  Email  ABN | TAX INVOICE Invoice # 000Date: dAY/MONTH/YEAR |
| To **Arts North West**  PO BOX 801 Glen Innes NSW 2370  ABN 13 294 582 557  [office@artsnw.com.au](mailto:office@artsnw.com.au) |  |

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

**EFT**  
Bank:

Branch:

BSB:

Account number:

Account Name:

Payment terms: 14 Days

PROMPT PAYMENT IS APPRECIATED  
THANK YOU!