



**Crystal Gordon**  
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To: Name  
Company Name and Address

Date:

Invoice No.

Description:	Amount
Tax (if applicable)	
TOTAL DUE	

Terms: strictly 30 days from date of invoice - payment due XX/XX/XX. Any queries with this invoice must be made in writing within seven days from date of invoice.

Account Name:  
Bank Account No:  
Sort Code:  
International Bank Account Number:  
Branch Identifier Code: