INVOICE

Agreement #: _____
Date: _____

Service Provider:
Name/Company: _____
Address: _____
Email: _____
Client:
Name/Company: _____
Address: _____
Tax ID: _____

Description of Documents	Source/Target Language	Quantity (Words/Pages)	Rate
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

Tax: _____

Total Due: _____

Payment Terms:
Bank Name: _____
SWIFT/BIC: _____
IBAN/Account #: _____
Due Date: _____

This invoice is subject to the terms and conditions outlined in the Document Translation Service Agreement.