# PHOTOEQUIP RETAIL

## INVOICE

#INV-000000
Date: [Date]

BILL TO

**[Customer Name]**
[Address Line 1]
[City, State, Zip]
[Email/Phone]

PAYMENT INFO

Method: [Credit Card/Cash/Wire]
Transaction ID: [ID Number]
Status: [Paid/Pending]

| Item Description | Serial Number | Qty | Unit Price | Amount |
|---|---|---|---|---|
| **Mirrorless Camera Body** [Make/Model - e.g., Full Frame 45MP] | [S/N: XXXXXXXX] | 1 | $0.00 | $0.00 |
| **Extended Warranty** 2-Year Accidental Protection | - | 1 | $0.00 | $0.00 |

Subtotal $0.00
Sales Tax (%) $0.00
Total $0.00

Thank you for your purchase. Professional gear for professional vision.

Return Policy: 14 days in original packaging with < 50 shutter actuations.