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INVOICE

INVOICE TO

Tina Lehman
Test Saving Payment 1
1234 Test St
Test City, TS 11223
United States

SHIP TO

Tina Lehman
Test Saving Payment 1
1234 Test St
Test City, TS 11223
United States

INVOICE NO. 24870

TERMS Net 30

DATE 09/17/2022

DUE DATE 10/17/2022

SHIP DATE

SHIP VIA

TRACKING NO.

CUSTOMER NAME

Test Group Accounts:Test
Saving Payment 1

DATE	ACCOUNT SUMMARY	AMOUNT
------	-----------------	--------

DATE	ACTIVITY	QTY	RATE	TAX	AMOUNT
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	test	1	0.20		0.20
	testing account summary				

Thank you for your business.

SUBTOTAL 0.20

DISCOUNT

TAX 0.00

SHIPPING

TOTAL 0.20

DEPOSIT

TOTAL OF NEW CHARGES

BALANCE DUE \$0.20

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