# [Your business name]

[Street address]
[Town, postcode]
[Email]

# INVOICE

No. INV-0001

BILL TO

**[Customer name]**

[Customer address]

ISSUE DATE
**10 Sept 2026**

DUE DATE
**24 Sept 2026**

| DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|---|---|---|---|
| MOT tests carried out, class 4 | 22 | £18.00 | **£396.00** |
| Retests | 4 | £8.00 | **£32.00** |

Subtotal £428.00

**TOTAL DUE £428.00**

## PAYMENT DETAILS

| | |
|---|---|
| Bank | **[Bank name]** |
| Account name | **[Account name]** |
| Account no. | **[00000000]** |
| Sort code | **[00-00-00]** |

## NOTES

Payment due within 7 days of the invoice date.