



Invoice

Intelligent Light Therapy

From:

LS Pro Systems
Suite 5A-1204
123 Somewhere Street
Your City AZ 12345
support@lsprosystems.com

| | |
|------------------|--------------------|
| Invoice Number | INV-0001 |
| Order Number | 5129 |
| Invoice Date | December 10, 2019 |
| Total Due | \$11,085.00 |

To:

Matthew Testcustomer
test-28wz08enn@srv1.mail-tester.com

| Hrs/Qty | Service | Rate/Price | Sub Total |
|---------|---------------------------------|------------|------------|
| 1 | Portable Pack | \$1,900.00 | \$1,900.00 |
| 1 | Classic Pack | \$0.00 | \$0.00 |
| 1 | LS XP3 Port Personal Controller | \$1,695.00 | \$1,695.00 |
| 1 | General Pad | \$950.00 | \$950.00 |
| 1 | Local Pad | \$695.00 | \$695.00 |
| 1 | Face Pad | \$550.00 | \$550.00 |
| 1 | Professional Pack | \$0.00 | \$0.00 |
| 1 | LS XP6 Port Pro Controller | \$2,150.00 | \$2,150.00 |
| 1 | General Pad | \$950.00 | \$950.00 |
| 1 | Head Cap | \$950.00 | \$950.00 |
| 1 | Local Pad | \$695.00 | \$695.00 |
| 1 | Face Pad | \$550.00 | \$550.00 |

Payment is due within 30 days from date of invoice. Late payment is subject to fees of 5% per month.