**Attention**: your customer's name

Registry number/ID: XXXXXXXXXX

VAT: XXXXXXXXXXX (if any)

Address (street address/number)

Address (city/state/postal code)

Address (country)

**Date**: 01/01/2018

**Project Title**: project or product title

**Project Description**: project or product description

**INVOICE**

Your full name

YOUR COMPANY NAME OÜ

Reg. NUMBER: XXXXXXXX

VAT: XXXXXXXXXXX

Phone

Email

Company's address

your company OÜ

Bank account for payments: XXXXXXXXXXXXXXXXXXX, Bank's name, SWIFT/BIC: XXXXXXXX.

**Invoice Number**: invoice number (sequential)

**Terms**: due date or max days for payment

| Description | Quantity | Unit Price | Cost |
| --- | --- | --- | --- |
| Project or product | 1 | €‎ 1 | €‎ 1,00 |
|  |  |  | €‎ 0,00 |
|  |  |  | €‎ 0,00 |
|  |  |  | €‎ 0,00 |
|  |  | Subtotal | €‎ 1,00 |
| The purchase is liable to Intra-Community supply 0%, Reverse charge. | VAT | 0,00 % | €‎ 0,00 |
|  |  | Total | €‎ 1,00 |

Payment: bank transfer to account number (IBAN):

Name of your company OÜ, IBAN: XXXXXXXXXXXX, Bank's name,
BIC/SWIFT: XXXXXXX.

Thanks for your business

Your full name