|  |  |  |
| --- | --- | --- |
| **Bill To:** | **Please make checks payable to:** | **Invoice No:xxxx** |
| CEO/PresidentFullName and Title | YourFirstName MiddleName LastName | **Date: 01 13 2021** |
| COMPANY NAME |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **quantity** | **description** | **unit price** | **PRICE** |
| 1 | Violation Consumer Protection FDCPA – 809 Validation of Debt | $1,000.00 | $1,000.00 |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| SUBTOTAL | $1,000.00 |
| SALES TAX | N/A |
| DISCOUNTS (n/a)BALANCE | 0.000.00 |
| TOTAL | **$1,000.00** |
|  |
|  |
|  |
| Please Govern Yourself Accordingly as failure to pay in full within 10 days of receipt of this invoice will result in immediate court action.THANK YOU FOR YOUR BUSINESS! |

Invoice

**Payment Terms Available** [x] Installment \_1\_ of \_1\_