|  |  |  |
| --- | --- | --- |
| **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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| SUBTOTAL | | | $1,000.00 |
| SALES TAX | | | N/A |
| DISCOUNTS (n/a)  BALANCE | | | 0.00  0.00 |
| 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\_