FROM:
Name
Address
Contact Number
Email
ABN

INVOICE

INVOICE # 000

DATE:
DAY/MONTH/YEAR
TUESDAY, AUGUST 25, 2026

TO
Arts North West
PO BOX 801
Glen Innes NSW 2370
ABN 13 294 582 557
office@artsnw.com.au

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
		SUBTOTAL	
		SHIPPING & HANDLING	
		TOTAL AMOUNT DUE	

NOT REGISTERED FOR GST
EFT
Bank:
Branch:
BSB:
Account number:
Account Name:
Payment terms: 14 Days

PROMPT PAYMENT IS APPRECIATED
THANK YOU!