**INVOICE**

**Your Company Name Invoice No:**

Company Name **Date:**

Company Address

City, Street, Postal Code

VAT No *(if it is legally mandatory)*

**BILL TO: SHIP TO:** *(if applicable)*

Company Name Company Name

Company Address Company Address

City, Street, Postal Code City, Street, Postal Code

VAT No (if it is legally mandatory)

|  |  |  |
| --- | --- | --- |
| **CLARIANT REFERENCE** | **CLARIANT CONTACT PERSON** | **PAYMENT TERMS** |
| PO No.: 45xxxxxxxx/xx Shipment: 3xxxxxxxxx/4xxxxxxxxxCost Center: xxxxxxxxxx *or other provided*  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **QUANTITY** | **DESCRIPTION** | **UNIT PRICE** | **TOTAL** |
|  |  |  |  |
|  |  | SUBTOTAL |  |
|  |  | TAX RATE |  |
|  |  | SHIPPING & HANDLING |  |
|  |  | GRAND TOTAL |  |

**PAYMENT TO:**

Beneficiary Name

Complete Bank Details