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| --- | --- | --- | --- |
| **Company name** |  | INVOICE |  |
|  |  |  |  |
| Street 1 | **Date:** | Date to Day |  |
| Postal city | **Invoice number.** | 1 |  |
| Phone: |  |  |  |
| CVR: |  |  |  |
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| **Invoice adress:** |  |  |  |
| Zimplex Facility Service |  |  |  |
| Nygaardsvej 20 |  |  |  |
| 4760 Vordingborg |  |  |  |
| Att.: Michael Nielsen |  |  |  |
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|  |  |  |  |
| **Description** | | **Amount** |  |
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|  | **Subtotal** |  |  |
|  | **VAT (25%)** |  |  |
|  | **Total** |  |  |
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|  |  |  |  |
| Payment Terms: Ongoing month + 8 days |  |  |  |
| Please pay the amount to our bank: XXX Bank / Reg.nr. **1234** Konto nr. **0123456789** | |  |  |
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