



Intelligent Light Therapy

# Invoice

**From:**

LS Pro Systems

Suite 5A-1204

123 Somewhere Street

Your City AZ 12345

support@lsprosystems.com

|                  |                   |
|------------------|-------------------|
| Invoice Number   | INV-0006          |
| Order Number     | 5163              |
| Invoice Date     | December 20, 2019 |
| <b>Total Due</b> | <b>\$0.00</b>     |

**Billing  
address**

Donna Kerley

2365 Crestmont

Circle S

Salem, OR

97302

**Shipping  
address**

Donna Kerley

2365 Crestmont

Circle S

Salem, OR

97302

| Hrs/Qty | Service                  | Rate/Price | Sub Total  |
|---------|--------------------------|------------|------------|
| 2       | Head Cap<br>SKU: H155    | \$950.00   | \$1,900.00 |
| 1       | Face Pad<br>SKU: F104    | \$550.00   | \$550.00   |
| 1       | General Pad<br>SKU: G264 | \$950.00   | \$950.00   |

|                           |                       |
|---------------------------|-----------------------|
| <b>Subtotal:</b>          | \$3,400.00            |
| <b>Shipping:</b>          | \$25.00 via Flat rate |
| <b>Reseller discount:</b> | -\$340.00             |

Thanks for choosing LS Pro Systems | [support@lsprosystems.com](mailto:support@lsprosystems.com)



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# Invoice

|                        |                 |
|------------------------|-----------------|
| <b>Payment method:</b> | Pay via Invoice |
| <b>Total:</b>          | \$3,085.00      |

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Payment is due within 30 days from date of invoice.

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