

KOLIN

KOLIN MARKETING, INC.

Kolin Bldg., EDSA cor. Magallanes Ave.,
Magallanes Village 1232 Makati City, Philippines
VAT Reg. TIN 004-661-920-00000

No 48430

SALES INVOICE

SOLD TO: *Maria Anna Margarita*
ADDRESS: *Amaraan en terrazas Cando*
terrazas de Punta Fuego
TIN: *Natipan, Masugbu Batangas*

DATE 2-12-2020

P.O. NO.

DATE 2-12-2020

TERMS *CASH 18%*

SALES CODE

QTY.	MODEL NO.	DESCRIPTION	UNIT COST	VATABLE SALES	VAT-EXEMPT	VAT ZERO RATED SALE	12% VAT	TOTAL AMOUNT
1	FSM-1020-6THW	24" Wall mounted -A	38,101.30	34,019.01			4,081.78	38,101.30

Cash *DC* *12/12/2020* TOTAL AMOUNT *39,101.30*

PREPARED BY:

APPROVED BY:

RECEIVED THE ABOVE GOODS IN GOOD ORDER AND CONDITION AND AGREE TO ESTATE TERMS & CONDITIONS

TERMS AND CONDITIONS:

Merchandise covered by this invoice remains the property of KOLIN MARKETING, INC. until fully paid if the above amount is not on demand or any stipulated terms in writing purchase will pay 3% per month as service charge for administrative services plus interest of 24% per annum on unpaid overdue amount. In case of litigation, the purchaser expressly submit himself to the jurisdiction of any court within Makati City or any court at the discretion of the company and agrees to pay the collection charges, attorney's fee and cost of suit. The responsibility of the company ceases upon actual delivery of goods to the purchaser. The company reserves the right to assign its receivable to a third person, entry or collection agency.

CUSTOMER'S COPY

SIGNATURE OVER PRINTED NAME

DATE RECEIVED

HECK
TERPRISES

20 Bkts. (50x4) 47501-48500 BIR Permit No. OCN 9AU0000910662

Date Issued: 08/16/2019 Valid Until: 08/15/2024

CHECK ENTERPRISES/MICHAEL CAPOY 69 Molave St., Brgy. Duyan-Duyan, Proj. 3, Quezon City

VAT REG. TIN 223-106-346-000

THIS SALES INVOICE SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ATP

Printers Accreditation No.: 040MP20150000000053 Date of Accreditation: September 8, 2015

kolin

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No 0009438

COLLECTION RECEIPT

DATE 2-13-2020

Received from *Maria Anna Margarita* Business Style/Name: _____
Address: _____
The sum of *Thirty nine thousand one hundred one and thirty*
cent only (Php *39,101.30*)

In Part / Full Payment of the following

A. SI No.

Amount

48430

38,101.30

DC

1000

Cash _____

Check _____

Check No. _____

Bank _____

Check Date _____

Total Amount: *39,101.30*

Authorized Collector

Credit & Collection

39,101.30

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