NUSKIN ELITE TEAM, INC.
6074 Troy St.
Chicago, IL 60659
(800) 211-5962
Finance@nuskinteam.net

NUSKIN
Elite Team

INVOICE INFORMATION

Invoice Number
Invoice Date
Due Date
Period
Status unpaid

SERVICE TO

PRN
LOG Number
City
Name
Email
Phone Number
Address

BILL TO

Name
Email
Phone Number
Address

Line	Date	Description	Qty	UOM	Rate	Amount
1	DD/MM/YYYY	(PU Location, DO location, PU Time, Do Time Service Type, vehicle type, Add On)	1	(Each, Quarter Hour, Per Hour)	$15	$15
2						
3						
4						
5						

Sub Total	$87,359.00
Discount	5%
Tax	$1,573.20
Total	**$82,500.45**

INVOICE NOTES

Terms: Due within 15 days of invoiceDate

Notes: This invoice covers transportation services provided to the patient during their medical treatment period.

BANK ACCOUNT DETAILS

Account Name: Nuskin Elite Team

Bank Name: JPMorgan Chase Bank

Routing Number (ACH): 071000013

Routing Number (Wire): 021000021

Account Number: 587601306

Account Type: Checking