

INVOICE



FLORIDA LABOR LAW POSTER SERVICE
400 CAPITAL CIR SE STE 18 # 309
TALLAHASSEE, FL 32301-3839

PHONE: 850-298-8729
FAX: 888-442-4144
TAX ID# 83-2290181

BILL TO:

SHIP TO:

CLAUDIA QUILES
FRESENIUS MEDICAL CARE
9193 SW 72ND ST STE 100B
MIAMI, FL 33173

CLAUDIA QUILES
FRESENIUS MEDICAL CARE
9193 SW 72ND ST STE 100B
MIAMI, FL 33173

CUSTOMER ID#		CUST. P.O. #	ORDER #	INVOICE DATE	TERMS	DUE DATE
176379253			2399570	02-01-2021	NET 15	02-16-2021
Qty	Product Description			Unit Price	Product Total	
1	2021 3 Year Plan-FL			\$268.50	\$268.50	
3	Discount			-\$10.00	-\$30.00	
				SALES TAX:	0.00 %	\$0.00
				SUB TOTAL:	\$238.50	
SHIPPING METHOD:	USPS		SHIPPING:		\$0.00	
AMOUNT CREDITED:	\$238.50		ORDER TOTAL:		\$238.50	
PAYMENT METHOD:	Credit Card		TOTAL DUE ON 02-16-2021:		\$0.00	

Please detach here and return this portion with your payment

CLAUDIA QUILES
FRESENIUS MEDICAL CARE
9193 SW 72ND ST STE 100B
MIAMI, FL 33173
PHONE: 305-279-2010

ORDER #	DUE DATE
2399570	02-16-2021

TOTAL DUE:	\$0.00
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AMOUNT ENCLOSED	
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Mail payment to:



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**Please include the order
number on your check**