



# INVOICE

**Date:** March 19, 2020

**Office Address**  
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Invoice no# BM030749

**To :**

Mattan Schlomi

Department of Veterinary  
Virology, Cyllage City  
Pokecenter, Cyllage City  
  
United States

1 202-555-0125

ARTICLE-ID	ARTICLE DESCRIPTION	PROCESSING FEE
BM-MRW-20-0749	Cyllage City COVID-19 Outbreak Linked to Zubat Consumption	\$ 1179
		<b>TOTAL CHARGES</b>
		<b>\$ 1179</b>

## BANK DETAILS

**BiomedGrid LLC**

**Bank Name: Chase Bank**

**Account Name: BiomedGrid LLC**

**Account No: 381726170**

**Routing No: 322271627**

**Swift Code: CHASUS33**

**Bank Address: 700 Huntington Dr, Arcadia, CA 91007, USA**

**Bank Phone Number: +1 626 698-0574**

## ONLINE ACCOUNT DETAILS

**Paypal :** [admin@biomedgrid.com](mailto:admin@biomedgrid.com)

**Card Payment :** Visa and Mastercard

## TERMS & CONDITIONS

Payments are to be made in U.S funds. Unless otherwise specified all invoices are due in 30 days from date of Invoice. For any question contact us at [info@biomedgrid.com](mailto:info@biomedgrid.com). Payments can be done [Online](#).