

I From Ime: Impany Name: Impan	Bill To  Name: Company Name: Street Address: City, ST ZIP Code: Phone:		Invoice No Invoice Date:  Due Date:	
Description/Job Phase		Quantity / Hours	Price (\$)	Total (\$)
			Subtotal	
			Sales Tax	
			Other	
			Total	
Thank you for your business. Ple		ms and Conditions ayment within day	rs of receiving this invo	ice. There



## Please Choose a Payment Type

Credit Card
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
Cardholder Name Account/CC Number Expiration Date /  CVV  Zip Code
authorize the above named business/individual to charge the credit card indicated in his authorization form according to the terms outlined above. This payment uthorization is for the goods/services described above, for the amount indicated above nly, and is valid for one (1) time use only. I certify that I am an authorized user of this redit card and that I will not dispute the payment with my credit card company; so long s the transaction corresponds to the terms indicated in this form.
SIGNATURE DATE (cardholder name)
BANK
Bank Wire
lame on Bank Account: Street Address: Sank Name: Account Number: Routing Number: Account Type:
PayPal
imail:

