

Bill From

DJ INVOICE

Invoice No. _____

Name: Company Name: Street Address: City, ST ZIP Code: Phone:	Name: Company Name: Street Address: City, ST ZIP Code: Phone:		Invoice Date:			
Description/Event		Quantity / Hours	Price (\$)	Total (\$)		
			Subtotal			
			Sales Tax			
			Other			
			Total			
Terms and Conditions						

Thank you for your business. Please send payment within _____ days of receiving this invoice. There will be a ______ on late invoices.

Bill To

e

Please Choose a Payment Type

Mastercard DISCOVER NETWORK

Credit C	ard		
□ Visa	☐ MasterCard	☐ Discover	☐ American Express
Account/ Expiration CVV	CC Number n Date /		
this autho authoriza only, and credit car	orization form acco ation is for the good is valid for one (1) d and that I will no	rding to the term Is/services desci time use only. I t dispute the pay	idual to charge the credit card indicated in as outlined above. This payment ribed above, for the amount indicated above certify that I am an authorized user of this ment with my credit card company; so long indicated in this form.
SIGNATI	JRE (cardholder nan	ne)	DATE
BANK			
Bank Wi	re		
Street Ac Bank Nai Account I Routing N	Bank Account: Idress: me: Number: Number: Type:		
P Pa	yPal		
Email: _			

