

## **LEGAL INVOICE**

Bill From  Name: Company Name: Street Address: City, ST ZIP Code: Phone:	Bill To  Name: Company Name: Street Address: City, ST ZIP Code: Phone:			
Description	Quantity	Rate	Fees (\$)	Total (\$)
			Subtotal	
			Sales Tax	
			Other	
			Total	

**Terms and Conditions** 

Thank you	for your business	Please send payment within	days of receiving this invoice. The	nere
will be a	% per	on late invoices.		



## 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:

