

PLUMBING INVOICE

Bill From Name: Company Name: Street Address: City, ST ZIP Code: Phone:	Street Address:			
Description		Quantity	Price (\$)	Total (\$)
			Subtotal	
			Sales Tax	
			Other	
			Total	
	<u>Ter</u>	ms and Conditions		

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

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Please Choose a Payment Type

redit Card
Visa □ MasterCard □ Discover □ American Express
ardholder Name ccount/CC Number xpiration Date / VV tp Code
authorize the above named business/individual to charge the credit card indicated in is authorization form according to the terms outlined above. This payment athorization is for the goods/services described above, for the amount indicated above aly, 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 as the transaction corresponds to the terms indicated in this form.
IGNATURE DATE (cardholder name)
BANK BANK ank Wire
ame on Bank Account: treet Address: ank Name: ccount Number: outing Number: ccount Type:
PayPal
mail:

