

PROFORMA INVOICE

Name: Company Name: Street Address: City, ST ZIP Code: Phone:	Street Address:		Invoice No		
Description		Quantity	Price (\$)	Total (\$)	
			Subtotal		
			Sales Tax		
			Other		
			Total		

Terms and Conditions

Thank you for	your business.	Please send payment with	in days o	f receiving this invoice.	There
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
I authorize the above named business/individual to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit 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.
SIGNATURE DATE (cardholder name)
BANK
Bank Wire
Name on Bank Account: Street Address: Bank Name: Account Number: Routing Number: Account Type:
P PayPal
Email:

