

## SERVICE/LABOR INVOICE

I From me: mpany Name: eet Address: y, ST ZIP Code: one:	Bill To  Name: Company Name: Street Address: City, ST ZIP Code: Phone:		Invoice No Invoice Date:  Due Date:	
Description		Items/Services	Price	Total (\$)
			+ +	
			+ +	
			Subtotal	
			Sales Tax	
			Other	
			Total	
Thank you for your business. F	Please send pa	ms and Conditions  ayment within day	s of receiving this invo	pice. There



## **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:

