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## **ITEMIZED INVOICE**

Bill From	Bill To	Invoice No
Name:	Name:	
Company Name:	Company Name:	Invoice Date:
Street Address:	Street Address:	
City, ST ZIP Code:	City, ST ZIP Code:	Due Date:
Phone:	Phone:	

Description/Item	Service/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 \_\_\_\_\_% per \_\_\_\_\_ on late invoices.

## **Please Choose a Payment Type**



**Credit Card** 

□ Visa	□ MasterCard	□ Discover	American Express
Cardhold	der 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	
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DATE \_\_\_\_\_

(cardholder name)



**Bank Wire** 

Name on Bank Account:	
Street Address:	
Bank Name:	
Account Number:	_
Routing Number:	
Account Type:	



Email: \_\_\_\_\_

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