Company Name: _____

Name:	
Street Address:	
City, State:	
ZIP Code:	
Phone:	_
E-mail:	-

MONTHLY IN ARREARS INVOICE

Date: _____

Invoice # _____

Client / Customer Name: Street Address: City, State: ZIP Code:

City, State: ZIP Code:			
	Description		Amount (\$)
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		1897 B	
	and the second second		

Comments or Special Instructions:	SUBTOTAL	
	DISCOUNT	
Payment is due within days.	ТАХ	
	TOTAL	

Thank you for your business!