Company Name: _____

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

INVOICE WITH SIGNATURE

Invoice #		Date:	
Client / Customer Name: Street Address: City, State: ZIP Code:	1		
Description			Amount (\$)
		<u>^</u>	
	_		
[Comments or Special Instructions]		BTOTAL	
Payment is due within days.			
		OTAL	

Signature: ______

Thank you for your business!