Other

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will be a \_\_\_\_\_\_% per \_\_\_\_\_\_ on late invoices.

Thank you for your business. Please send payment within \_\_\_\_\_\_ days of receiving this invoice. There

**Terms and Conditions**

**Total**

Sales Tax

**Subtotal**

**Total ($)**

**Fees ($)**

**Rate**

**Quantity**

**Description**

**Bill To**

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due Date: \_\_\_\_\_\_\_\_

City, ST ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, ST ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice Date: \_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_

**Invoice No. \_\_\_\_\_\_\_\_\_\_\_**

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bill From**

**LEGAL INVOICE**

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Wire**

Name on Bank Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

authorization is for the goods/services described above, for the amount indicated above

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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MasterCard

**Credit Card**

☐

☐

☐

☐

Visa

**Please Choose a Payment Type**

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