

Invoice

**From:**

AFP, Cincinnati Chapter
PO Box 31206
Cincinnati, OH 45231
Phone (513) 939-2652
Fax (513) 939-2653
Email: admin@afpcincinnati.org

Invoice Number	INV-0275
Order Number	11007
Invoice Date	September 1, 2021
Total Due	\$500.00

Terms: Due Upon Receipt

Job Title	Company Name
Order ID 11007	

Hrs/Qty	Service	Rate/Price	Sub Total
1	New Beginnings	\$500.00	\$500.00

Payment Information:

Check

Please make check payable to:

AFP, Greater Cincinnati Chapter
PO Box 31206
Cincinnati, Ohio 45231

Payment Amount: _____

Check Number: _____

Please return invoice with payment

Credit Card

Credit Card Payment Information

Visa MasterCard American Express

Name on the card: _____

Company Name: _____

Billing Address: _____

City, ST, Zip: _____

Phone #: _____

Email Address: _____

Credit Card Number: _____

Expiration Date: _____

CSV Code: _____

Signature: _____