Invoice



From:

AFP, Cincinnati Chapter

PO Box 31206 Cincinnati, OH 45231 Phone (513) 939-2652 Fax (513) 939-2653

Email: admin@afpcincinnati.org

Total Due	\$200.00
Invoice Date	August 5, 2022
Order Number	12613
Invoice Number	INV-0368

Terms: Due Upon Receipt

Jol	b Title	Company Name

Hrs/Qty	Service	Rate/Price	Sub Total
1	Member Listing	\$200.00	\$200.00

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:				