



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-0410
Order Number	13900
Invoice Date	April 24, 2023
Total Due	\$0.00

Terms: Due Upon Receipt

Job 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: _____