



# Invoice

**From:**

AFP, Cincinnati Chapter

PO Box 31206

Cincinnati, OH 45231

Phone (513) 939-2652

Fax (513) 939-2653

Email: [admin@afpcincinnati.org](mailto:admin@afpcincinnati.org)

Invoice Number	INV-0039
Order Number	4250
Invoice Date	November 28, 2017
<b>Total Due</b>	<b>\$200.00</b>

Terms: Due Upon Receipt

Job Title	Company Name

Hrs/Qty	Service	Rate/Price	Sub Total
1	<a href="#">Member Listing</a>	\$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: \_\_\_\_\_