



# 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-0102
Order Number	6253
Invoice Date	October 29, 2018
<b>Total Due</b>	<b>\$250.00</b>

Terms: Due Upon Receipt

Job Title	Company Name

Hrs/Qty	Service	Rate/Price	Sub Total
1	Non-Member Job Listing	\$250.00	\$250.00

## 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: \_\_\_\_\_