



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-0117 |
| Order Number | 6524 |
| Invoice Date | December 18, 2018 |
| Total Due | \$200.00 |

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: _____