



# 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-0119        |
| Order Number     | 6668            |
| Invoice Date     | January 4, 2019 |
| <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: \_\_\_\_\_