### **C**ATERING INVOICE

Bill From	
Name:	
Company Name:	
Street Address:	
City, ST ZIP Code:	
Phone:	

Bill To
Name:
Company Name:
Street Address:
City, ST ZIP Code:
Phone:

Invoice	No.		

Invoice Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

Description	Quantity / Hours	Price (\$)	Total (\$)
		Subtotal	
Sales Tax			
Other			
		Total	

#### **Terms and Conditions**

Thank you for your business. Please send payment within \_\_\_\_\_ days of receiving this invoice. There will be a \_\_\_\_\_% per \_\_\_\_\_ on late invoices.

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# **Please Choose a Payment Type**



### **Credit Card**

□ Visa	□ MasterCard	□ Discover	□ American Express
Cardhold Account/	ler Name CC Number		
Expiratio	n Date /		
CVV			
Zip Code	;		

I authorize the above named business/individual to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE	DATE
(cardholder name)	



**Bank Wire** 

Name on Bank Account:	
Street Address:	
Bank Name:	
Account Number:	
Routing Number:	
Account Type:	



Email: \_\_\_\_

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