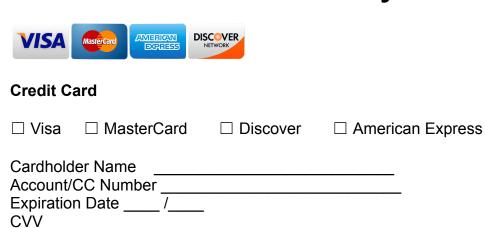
SERVICE/LABOR INVOICE

| Quantity / Hours | | |
|-----------------------------------|-----------------------|--------------------------------|
| Qualitity / Hours | Price (\$) | Total (\$) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Subtotal | |
| | - | |
| | Other | |
| | Total | |
| and Conditions ent within days o | of receiving this inv | oice. There |
| | | Subtotal Sales Tax Other Total |

Please Choose a Payment Type



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:

