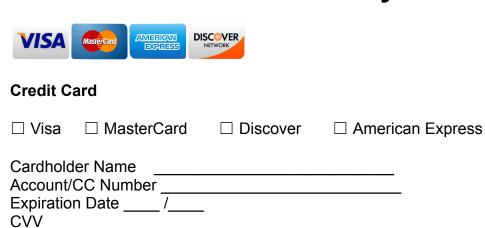
RENTAL INVOICE

ty, ST ZIP Code: Street Address: Street Address: Street A		Name:dress:	Invoice No Invoice Date: Due Date:	
Description		Quantity / Hours	Price (\$)	Total (\$)
			Subtotal	
			Sales Tax Other	
			Total	
Thank you for your business. F	Please send pa	ms and Conditions ayment within days	of receiving this invo	ice. There

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:

