

## **ARTIST 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                               |            |
|  | Tor  | ms 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 C   | ard   |   |   |
|--|---|---|---|
| □ Visa   | ☐ MasterCard  | ☐ Discover  | ☐ American Express  |
| Account/<br>Expiration                             | CC Number<br>n Date /   |   |   |
| this autho<br>authoriza<br>only, and<br>credit car | orization form acco<br>tion is for the good<br>is valid for one (1)<br>d and that I will no | rding to the term<br>Is/services desci<br>time use only. I<br>t dispute the pay | idual to charge the credit card indicated in is outlined above. This payment ribed above, for the amount indicated above certify that I am an authorized user of this ment with my credit card company; so long indicated in this form. |
| SIGNATU  | JRE<br>(cardholder nan  | ne and student n  |   |
| BANK   |   |   |   |
| Bank Wi  | re  |   |   |
| Street Ac<br>Bank Nai<br>Account I<br>Routing N    | Bank Account:<br>Idress:<br>me:<br>Number:<br>Number:<br>Type:                              |   | <br>-<br>   |
| P Pa   | yPal  |   |   |
| Email: _   |   |   |   |

