INVOICE

Order Date:_____

Sold To:
Address:
Contact No.:

Ready by Date:
Time:

Description	Quantity	Price	Amount

Payment Details
Cash ( )
Check ( )
Credit Card ( )

Card #: _____
Name on the Card:_____ Exp. Date:_____

Subtotal	
Sales Tax	
Total	
Deposit	
Balance	

538 23rd ST N.W., WASHINGTON DC, 20037 TEL : 202-659-1234 FAX : 202-659-2800