

Bill From

DJ INVOICE

Invoice No.

Name: Company Name: Street Address City, ST ZIP Code: Phone:	Name: Company Name: Street Address City, S1 ZIP Code: Phone:		
Description/Event	Quantity/Hours	Price (\$)	Total(\$)
	20 20 20 20 20 20 20 20 20 20 20 20 20 2		
		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.

Bill To