|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  | | **INVOICE** | | |
| Bemrose Consulting, Inc. |  | | |  | | |
| 9115 SW Oleson Rd, Suite 303 | BILLING CYCLE | | | DATE | | |
| Portland, OR 97223 |  | | |  | | |
| Ph. 503.419.6539 | REFERENCE | | | PAGE | | |
| Fax 503.419.6545 |  | | |  | | |
|  |  | | |  | | |
| BILL TO: | | | CUSTOMER ID: | | |
|  | | |  | | |
|  | | | SHIPPING METHOD: | | |
|  | | |  | | |
|  | | | PAYMENT TERMS | | DUE DATE: |
|  | | | DUE ON RECEIPT | |  |

***A finance charge of 1.5% per month (18% per year) will be added to all past due balances.***

|  |  |  |
| --- | --- | --- |
| ITEM | DESCRIPTION | UNIT PRICE |
|  |  |  |

|  |
| --- |
| Thank you for your business – your referrals are always welcome! |

|  |  |  |
| --- | --- | --- |
|  | **Sub-Total** |  |
| **Invoice Amount** |  |
| **Payment Received** |  |
| **Interest on P/D Balance** |  |
| **TOTAL** |  |