|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bemrose Consulting** | | |  | | | | | **Invoice** | |
| **12655 SW Center St. Ste 540** | | | **Invoice Number:** | |
| **Beaverton, OR 97005** | | | PAST DUES | |
|  | | | **Page:** | |
|  | |
| **Voice:** | | **(503) 419-6539** |  | |
| **Fax:** | | **(503) 419-6545** |  | |
| ***A finance charge of 1.5% per month (18% per year) will be added to all past due balances.*** | | | | | | | | | |
| **Sold To:** | | | | | **Reference:** | | | | |
|  | | Click here to enter text. | | |  | Past Due Invoices | | | |
| **Customer ID** | | | **Customer PO** | | | **Payment Terms** | |
| Click here to enter text. | | |  | | | Upon Receipt | |
| **Sales Rep ID** | | | **Shipping Method** | | | **Ship Date** | **Due Date** |
|  | | |  | | |  | Upon Receipt |

|  |  |  |
| --- | --- | --- |
| **Item** | **Description** | **Unit Price** |
|  | Click here to enter text. |  |

|  |  |  |
| --- | --- | --- |
|  | SubTotal: |  |
| Invoice Amount: |  |
| Payment Received: |  |
|  |  |
| **TOTAL:** |  |