

INVOICE

Name: _____
Home Address: _____
Cell Phone: _____
Contact Email: _____

INVOICE #:
DATE:

To: Ann Arbor Figure Skating Club
2121 Oak Valley Dr.
Ann Arbor, MI 48103
734-213-6768

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL

SUBTOTAL	
TOTAL	

SIGNATURE: _____