INVOICE

Invoice #:

Date:

Agreement #:

BILL TO

PAYMENT PLAN SUMMARY

Total Contract Value:

Down Payment:

Remaining Balance:

Total Installments:

STRUCTURED PAYMENT SCHEDULE

INST. NO.	DUE DATE	AMOUNT DUE	DATE PAID	STATUS
1				
2				
3				
4				
5				
6				

Subtotal:

Interest / Finance Fee:

Total Plan Cost:

TERMS OF AGREEMENT

CLIENT SIGNATURE

AUTHORIZED SIGNATURE