Service Information			After Hours Work Order										
Customer Name: Service Address 1: Service Address 2:			Billing Information Customer Name:										
							City, State, Zip: Phone: Alt Contact: E-Mail:			Billing Address			
										Billing Address			
City, State, Zip:													
City, State, Zi	<i>J</i> .												
L-Iviaii.													
Job Name													
			Marketing Campaign										
Job Type		PO#	Technician	Date	Start Time	End Time							
Item Des		Descrip	tion	Quantity	Rate	Amount							
				Scheduled Job Subtotal: SalesTax:									
					Total Due								
Job Notes and Instructions													
Terms for additional services: Service required on weekends is billed at time and a half. On-site coaching visits are bin ¼ hour increments with a ½ hour minimum. On-site travel charges, and phone and coaching, are billed in six-minute increments.			g visits are billed	Payment is expected at time of service for discount or 15 days after receipt of invoice at Standard Rate.									
			i prione and e-mail	Late payments are subject to 1.5% month calculated from the day of se		6 late fee per service.							
Customer Signature:				Returned checks result in a \$35 returned check									
Date:			charge.										