

Spring Tri-Club Invoice
P.O. Box 162
Spring, Texas 77383
20__ Show

Add-On

EXHIBITOR INFORMATION			
	Exhibitor Name	Club	Amount
1.			
2.			
3.			
4.			
5.			
6.			

BUYER INFORMATION	
BUYER #:	BUYER NAME:
STREET ADDRESS:	
CITY AND ZIP:	
MOBILE #:	WORK #:
EMAIL:	

PAYMENT METHOD		
<input type="checkbox"/> CASH (Receipt# _____)	<input type="checkbox"/> CHECK #: _____	<input type="checkbox"/> Credit Card - 5% Fee: _____
<input type="checkbox"/> PAY BY MAIL [**Buyer Copy is considered the Invoice**] **Payment is due within 30 days** Checks payable to: Spring Tri-Club, P.O. Box 162, Spring, Texas 77383 Contact springtriclubtreasurer@yahoo.com if a combined invoice of all purchases is needed. Please be mindful that Exhibitors are not paid until Buyer's payment has been received. ***I assume full responsibility for payment of the above item.***		
BUYER/DESIGNATED AGENT SIGNATURE:		