Makuch Door Company

P.O. BOX 1430 Des Plaines, IL 60017

Tel. 847-296-5222 Fax: 847-824-3745

Invoice

No.

Customer: _____ Bill To: _____

Address

City Zip. Date:

SALESPERSON Fax:

Item #	Description	Unit	Amount
		6	90

Credit Card Number:

Expiration Date / **CVC**

Paid by: Cash Check Credit Card

Total: 90

Deposit:

Amount Due Upon Completion:

All material is guaranteed to be as specified. All work to be completed in a substantial workmanlike manner. Any alteration or deviation from above involving extra costs will be executed only upon written order and will become an extra charge. If MAKUCH DOOR COMPANY or any representative thereof, be required to persue enforcement of this invoice, then any and all cost incurred shall be the responsibility of signatory, on this invoice. Said cost shall include, but not be limited to, reasonable attorney's fees, court costs, lost business, and any other costs or expenses incurred enforcing said contract. Futher, any amount which is past due shall bear interest at the rate if 10% until paid in full.

Signature: X _____ Date: _____