

# INVOICE

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DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TO: BOYS' LIFE  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving TX 75015-2079

FOR: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

TERMS: Due Upon Receipt

SIGNATURE: \_\_\_\_\_

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