WORK ORDER/INVOICE NUMBER: _____

ASSEMBLY TECHNICIANS UNLIMITED
PO BOX 292214
DAYTON, OHIO 45429-0214
PHONE 800-763-6439 FAX 800-782-1695

VENDOR # 252644

TECH NAME	CLIENT
TECH NUMBER	DIVISION
DATE	CITY, STATE, ZIP

ID#	NAME	DESCRIPTION	CODE	QUANTITY	INITIALS

CLIENT SIGNATURE: _____ DATE: _____

PRINT: _____ TITLE: _____

NET TERMS: 30 DAYS **NOTE: SIGNATURE VERIFIES WORK PERFORMED AND AUTHORIZES PAYMENT**

A FINANCE CHARGE OF 1% PER MONTH is assessed on all invoices not paid by the end of business 30 days following service. This is equivalent to an ANNUAL PERCENTAGE RATE OF EIGHTEEN PERCENT (18%). ALL FINANCE CHARGE AMOUNTS ARE BILLED ON A SEPARATE CUSTOMER INVOICE