Accounts Receivable Invoice Request Form

Company Name _____

First Name _____

Last Name _____

COMPLETE INFORMATION IN THIS BOX FOR FIRST TIME CUSTOMERS ONLY

Address _____

City, State _____ Phone _____

Zip Code _____ FAX _____

Email _____

Description	Amount	GL Code
Total Invoice		

Invoice Handling (*Check one)*
☐ Return to Requestor
☐ Send to customer
☐ Send to customer with attached paperwork

Terms - check one
☐ Due on Receipt
☐ Net 15
☐ Net 30

Your Signature _____ Date _____

Business office use only

☐ Check ☐ Cash ☐ Credit Card

Payment Rec'd _____ RecTrac Trans code _____

Ent'd RecTrac _____ RecTrac Receipt # _____

Ent'd QB _____ Adjusting JE ☐ N/A ☐ Done