

**NESEE**  
P.O. Box 596  
Hudson, MA 01749  
978-562-6211

**Invoice No.**

**1**

# INVOICE

### Customer

ATTN \_\_\_\_\_  
NAME \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Date \_\_\_\_\_  
Client \_\_\_\_\_  
P.O. # \_\_\_\_\_

Qty	Description	Unit Price	TOTAL
1	Individual Membership Dues  Cash, check or charge- Due by 12/31/18  <i>Thank you for your support!</i>	\$40.00	40.00

### Payment Details

- Cash
- Check
- 

Name \_\_\_\_\_  
CC # \_\_\_\_\_ Expires \_\_\_\_\_

SubTotal	40.00
SHIPPING & HANDLING	
<b>TOTAL</b>	<b>\$40.00</b>

Office Use Only