



Company Name _____

Contact Person _____

Address _____

Telephone _____

FAX _____

E Mail _____

_____ **Terms** _____

An invoice will be issued in the first week of each month for the previous months service. The balance is payable and due within 30 days. A 1.5% finance charge will be applied to any past due balance.

In consideration of extension of credit, I agree to all terms as stated above plus cost of collection, including attorney fees should legal action be required.

Print Name _____

Title _____

Signature _____

Date _____

_____ **Return Service Requested** _____

Please mail to:
Crosstown Couriers
1127 Bethel St. Suite 4
Honolulu, HI 96813

Or for pickup call:
808.853.0024

THANK YOU !