



**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 !**