



INVOICE

Company Name: _____
 Contact Name: _____
 Contact Number: _____
 Email: _____

Customer PO	Payment Terms
	Due no later than August 25,2017
Description	Amount
<p>Trenchless Technology Road Show Exhibitor</p> <p>Please enter amount to be paid: \$ _____ CAD</p> <p>*You can find the amount owed at the bottom of your confirmation email.</p> <p>Credit Card Payment Information: MasterCard Visa</p> <p>Name (as it appears on card) _____</p> <p>Billing Address _____</p> <p>City _____ State / Prov. _____ Zip/Postal Code _____</p> <p>Card Number _____</p> <p>Expiration Date _____ Auth. Code (last 3 digits on signature panel) _____</p>	
Remit Check Payments in Canadian Dollars to:	Remit Credit Card Payments to:
Benjamin Media, Inc. 10050 Brecksville Rd. Brecksville, OH 44141 PH: (330) 467-7588	Brittany Cline bcline@benjaminmedia.com Fax: (330) 468-2289