

SPRINGFIELD CLAIMS ASSOCIATION

INVOICE

Springfield Claims Association – W

Date: ___/___/2010

Attn: Carl Miller
136 W. Main St.
Medway, OH 45341
937-849-9803

Invoice #: _____

Customer Name: _____

Address: _____

Phone # (937) _____ - _____

INTERNET ADVERTISING 2010

Description	Quantity	Unit Price	Total
Business Card Ad	1	\$100:00	\$100.00
Activated Directory Listing	1	N/C	N/C

TOTAL **\$100.00**

THANK YOU FOR YOUR BUSINESS

Please make check payable to **Springfield Claims Association-W** and mail to the above address. Please check the website calendar for information on the monthly meetings of the Springfield Claims Association. We encourage you to attend these meetings that are held the last Wednesday of each month.