



# Studio42

8618 Raymus Street  
Elk Grove, CA 95758  
916-601-7089 fax 916-688-5611

Invoice No. \_\_\_\_\_

## Work Order =

### Customer

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_

Date \_\_\_\_\_  
 Order No. \_\_\_\_\_  
 Rep \_\_\_\_\_  
 FOB \_\_\_\_\_

Qty	Description	Unit Price	TOTAL

### Payment Details

Cash  
 Check  
 Credit Card

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

SubTotal	_____
Shipping & Handling	_____
Taxes CA	_____
<b>TOTAL</b>	<b>_____</b>

Office Use Only

Please write legibly. Thank you.