



Sales Order

Today's Date: _____

One Time Order

Start Date: _____

End Date: _____

Reoccurring (30 day cancellation)

Start Date: _____

Auto Pay (attach credit card or EFT authorization form)

Customer prefers quarterly billing

Customer: _____

CRM ID: _____

Previous Customer Current New

Billing Contact: _____

Billing Address: _____

Email Address: _____

Electronic Billing OK? Yes No

Salesperson	Terms	Billing Cycle	Minimum Contract Length
	Net 15	1st of the each month	<input type="checkbox"/> N/A <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months

Item #	Description	Monthly Price	Qty	Line Total
Total				

Paid Today by Check Check # _____

Paid by Credit Card Authorization # _____

Invoice Client (credit pre-approved)

Today's payment covers Jan Feb Mar Apr May June Jul Aug Sep Oct Nov Dec

Authorized By: _____ Title: _____

Client Signature: _____ Date: _____

Make all checks payable to Riverbender.com
 Thank you for your business!