

INVOICE

DATE: _____

FROM: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE: _____

FAX: _____

E-MAIL: _____

TO: BOYS' LIFE
1325 West Walnut Hill Lane
P.O. Box 152079
Irving TX 75015-2079

FOR: _____

AMOUNT: _____

Signature _____

SSN/TAX ID #: _____