

-- FROM --

2

YEAR 87	MONTH 1000	DAY 26	DEPT	INCOME INVOICE	<input type="checkbox"/> NEW CUSTOMER		
				PS 59515			
				Reference Number		Preference	
				TOTAL PAID PREVIOUSLY THIS SERVICE ITEM \$			
				TOTAL PAID TO DATE THIS SERVICE ITEM \$			
				PAID IN PART <input type="checkbox"/>		PAID IN FULL <input type="checkbox"/>	
AWARD <input type="checkbox"/>		NO CHARGE <input type="checkbox"/>		PROMISSORY NOTE SIGNED <input type="checkbox"/>			
DEBIT amount due in full in the event of contract breakage <input type="checkbox"/>		REMITTANCE INFORMATION					
SALESMAN				CASH			
NAME (same as above unless shown)				AMOUNT			
ADDRESS CH # 1848				9700 00			
ADDRESS ABA 16-21							
POSTAL CODE 1000							
SIGNATURE <i>[Signature]</i>							
INCOME INVOICE							
15F Paid in full				16500			
LIESB NO RECEIPT ONLY <input checked="" type="checkbox"/>				DISCOUNT			
AUTHORIZATION OF DEBIT <input checked="" type="checkbox"/>				SUB TOTAL			
BEGINNING BALANCE				SUB TOTAL			
DEBIT	DR	CR	ACCOUNT NUMBER	SHIPPING CHARGES			
CREDIT	DR	CR	OFFICE WRITTEN BY	16500			
END BAL	DR	CR		Conv Rate	Conv Amt		

ORDER FORMS FROM THE OPTIMUM PRESS. PHONE (213) 384-2197.

Ex. IV-1-A