

- FROM -

2

INCOME INVOICE		NEW CUSTOMER <input type="checkbox"/>
PS 59516		
Reference Number	Preference	
TOTAL PAID PREVIOUSLY THIS SERVICE/TERM	\$	
TOTAL PAID TO DATE THIS SERVICE/TERM	\$	
PAID IN PART <input type="checkbox"/> PAID IN FULL <input type="checkbox"/> PP USED <input type="checkbox"/>		
<input type="checkbox"/> AWARD <input type="checkbox"/> NO CHARGE		
<input type="checkbox"/> PROMISSORY NOTE SIGNED <input type="checkbox"/>		
<input type="checkbox"/> DEBIT amount due in full in the event of contract breakage		
REMITTANCE INFORMATION		
CASH		
NAME (same as above unless shown)	SALESMAN	
ADDRESS		
POSTAL CODE		
PHONE		
REMARKS		AMOUNT
INCOME INVOICE Debit for ISE No. 165 [Signature]		
DISCOUNT		
SUB TOTAL		
SUB TOTAL		
SHIPPING CHARGES		
CONV. RATE		Conv. Amt.
CONV. AMT.		
ACCOUNT NUMBER		
PHONE NUMBER		
DATE WRITTEN BY		
BEG BAL	CR	
DEBIT	CR	
CREDIT	CR	

ORDER FORMS FROM THE OPTIMUM PRESS, PHONE (213) 384-3197.

Ex. IV-1-C