



Invoice No. _____

INVOICE

Customer

Name _____
 Address _____
 City _____ State: _____ ZIP _____
 Phone _____

Date(s) _____
 Tail Number _____
 Make/Model: _____
 RON: _____

Qty.	Description	Unit Price	Total

Payment Details

- Cash
- Check
- Credit Card

Name _____
 CC # _____
 Expires / CVV: _____

	SubTotal	
	Shipping & Handling	
Taxes		
	TOTAL	

Office Use Only

Please mail checks to:
 Corporate Jet Solutions, LLC.
 9374 E. Sharon Dr. Scottsdale, AZ 85260