

# BAI COMMUNITY ACTION ALLIANCE

## DIGITAL AD INVOICE

BILL TO

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Invoice #

Invoice Date

Customer ID

DATE	YOUR ORDER #	EVENT/LOCATION	ROTATION/RUN LENGTH	SALES REP

QTY	ITEM	DESCRIPTION	ARTWORK REQUIRED	ARTWORK SUPPLIED	UNIT PRICE	TOTAL

Subtotal	
Miscellaneous	
<b>BALANCE DUE</b>	

Please return the portion below with your payment.

### REMITTANCE

Invoice #	
Customer ID	
Date	
Amount Enclosed	



**BAI Community  
 Action Alliance  
 P.O. Box 6604  
 Mobile, AL 36660**

PHONE **251-490-3206**  
 PHONE **251-643-5767**  
 E-MAIL [media@bayareainclusion.org](mailto:media@bayareainclusion.org)  
 WEB SITE <http://www.bayareainclusion.org>