



Split Invoice Form

ALL FIELDS must be filled in and received by C & J Fencing before work has started for this form to be valid.

Contracted Name: _____ Install Date: _____ Proposal #: _____

Job Site Address: _____ City: _____ Zip Code: _____

Line Item: _____ Shared Amount: \$ _____ Payment Method: _____

Contact Name: _____ Owner Occupied: (Circle One) YES NO

Billing Address: _____ City: _____ Zip Code: _____

Daytime Phone #: _____ Email Address: _____

Signature: _____

Line Item: _____ Shared Amount: \$ _____ Payment Method: _____

Contact Name: _____ Owner Occupied: (Circle One) YES NO

Billing Address: _____ City: _____ Zip Code: _____

Daytime Phone #: _____ Email Address: _____

Signature: _____

Line Item: _____ Shared Amount: \$ _____ Payment Method: _____

Contact Name: _____ Owner Occupied: (Circle One) YES NO

Billing Address: _____ City: _____ Zip Code: _____

Daytime Phone #: _____ Email Address: _____

Signature: _____

Line Item: _____ Shared Amount: \$ _____ Payment Method: _____

Contact Name: _____ Owner Occupied: (Circle One) YES NO

Billing Address: _____ City: _____ Zip Code: _____

Daytime Phone #: _____ Email Address: _____

Signature: _____