



Delivery of Services Payment Form

Once you have created your order, please have the person responsible for payment sign and date your invoice and please fill out this form.

Customer Name:

Invoice Number:

Institution Name:

Department:

Name of person responsible for payment:

Email of person responsible for payment:

Phone number for person responsible for payment:

By submitting this form, you are confirming that your institution requires delivery of services prior to processing the payment and your institution will be responsible for sending payment after the service is complete.

Signature:

Date:

Once we receive this form with the signed and dated invoice we will change the status of your order so your files will be available to download as soon as the work is complete.