

THANK YOU FOR CHOOSING TOP OF THE HILL

Please fill out the invoice below completely (picture ID required)
and return it to your server.
Your department will be billed promptly.

DATE: _____

CHECK AMOUNT: _____

AUTO GRAT (18%): _____

CHECK TOTAL : _____

DEPT NAME: _____

DIVISION: _____

CB#: _____

ACCOUNTANT NAME: _____

ACCOUNTANT PHONE: _____

ACCOUNTANT EMAIL: _____

NOTES:

TERMS & CONDITIONS

Payment is due and payable within 30 days of receipt of our bill. If payment is not received within said 30-day period, a late charge equal to 5 percent of the unpaid amount per month will be assessed and accrued.

By signing this form you are verifying that you have read and understand these terms and, furthermore, that you can be held personally responsible for any past due amount.

PRINT NAME: _____

SIGNATURE: _____

EMAIL: _____

PHONE NUMBER: _____

PID NUMBER: _____

PLEASE MAKE CHECKS PAYABLE TO:
MICROMANAGERS, LLC, P.O. BOX 3266, CHAPEL HILL, NC 27515-3266

BILLING QUESTIONS? CONTACT US AT:
919-929-8676 | ACCOUNTING@THETOPOFTHEHILL.COM

FOR COMPANY USE ONLY

Invoice No. _____
Invoice Date _____

RECEIPT STAPLED BELOW

