JFW
JIM'S FORMAL WEAR

Invoice

FOR BILLING QUESTIONS, CALL - 770-944-0061

BILL TO--PF270 GA **Service Center** GEORGIA .

FINISHING TOUCH BOUTIQUE
9 N EUSTIS ST
EUSTIS FL 32726-3407

Invoice Number 3386438
Invoice Date 02/03/24
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---------- Your Order ----------

Customer Name	Type	Coat	Pant	Shirt	Tie	Vest	Shoe	Pk Sq	Other	Disc	Total
STAM, RUFF		471	471	96W	BXBL	F900	BXS		DW/BL		
PS# 54977	S	41R	35 410	M 35	M	RM	115M				
1 02/03		81.00	INCL.	4.00	INCL.	INCL.	16.00		5.00		106.00
HUTTO, TYLER		588	850	36W	BPIQ	VPIQ	BDS		DW/WH		
PS# 55265	S	40L	35 440	L 37	M	FA	130M				
2 02/03		53.00	INCL.	INCL.	INCL.	INCL.	16.00		5.00		
		921	921	96W	BSAT	F900			BL		
		40L	35 440	L 37	M	RM					
		28.00	N/C	4.00	N/C	N/C			N/C	-11.00	95.00
		REPL $	REPL	REPL $	REPL	REPL			REPL	MARGL	
HAYES, TAYLOR		588	850	36W	BPIQ	VPIQ	BDS		DW/WH		
PS# 54977	S	34S	29 400	BL 32	M	BL	100M				
3 02/03		53.00	INCL.	INCL.	INCL.	INCL.	16.00		5.00	-11.00 MARGL	63.00

Miscellaneous Charges:

Date	P/S#	Shipped	P/S Total	Note:	Amt. of Chg.
01/24/24	54977	UP GRD2	247.00	COD/HDL FEE	15.00
02/01/24	55265	UP NDAS	42.40	SHP/HDL- REPLACEMENTS Ord# 2	42.40
02/01/24	55265	UP NDAS	47.00	COD/HDL FEE	15.00

Sub-Total	336.40
Sales Tax	.00
Invoice Total	336.40

MARDI GRAS 2024 (AL/FL/MS/LA) - 588 W/BDS 22.00

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Customer Name	Type	Coat	Pant	Shirt	Tie	Vest	Shoe	Pk Sq	Other	Disc	Total

	Volume This Invoice:			Volume Year-To-Date:		
Rental Total	264.00	Units	3	789.25	Units	9
Resale Total	.00			383.50		
Misc. Total	72.40			234.26		

NOTE: A service charge of 1.5% per month (annual rate of 18%) will be added to accounts not paid by the 10th of the following month.

OUR TERMS: NET 10EOM
Please - No deductions from this invoice.
Credit Memos will be issued.

Please tear or cut on dotted line.

Remittance Stub:
To insure proper credit, please write Account# on check and return this portion with your payment to:

JIM'S FORMAL WEAR LLC
804 EAST BROADWAY
TRENTON, IL 62293

Invoice Number: 3386438 Invoice Date: 02/03/24 Due Date: 03/10/24
Account Number: PF270 Check Number : _____ Amt. Enclosed: _____
Please circle type of Credit Card: (Visa, M.C., Amex., Disc.)
Credit Card# _____
Address of Card Holder:_____
_____
Expiration Date _____/_____/_____ Verification code _____
Signature: _____