

Date _____

GGA Inc.
dba Sezz Medi
1260 Amsterdam Avenue
New York, NY 10027
Tax ID 020641068
T.212.932.2901
F.212.932.2952

To: Manager / Sezz Medi

From: _____

Re: Invoice to be billed to _____

Please allow _____ to charge purchases for the meeting / event listed below to _____ account number _____. Invoices and a copy of this letter should be emailed to the attention of _____ at _____ @ _____ and or faxed to _____.

Our mailing address is : _____

If you have any questions or require additional information, please contact my office at _____.

Best Regards

Date of Event: _____

Venue & Time: _____

Number of Guests: _____

Menu Selection: _____

(if applicable)