

# YOUR COMPANY NAME

Advertising Line  
 Address  
 City State Zip  
 (000) 000-0000

CUSTOMER'S ORDER NO.				SOLD BY				DATE					
SOLD TO													
ADDRESS													
MDSE. SOLD				MDSE. RET'D				REC'D ON ACCT. - NOTE		MISC'L		PAID OUT	
CASH		CHARGE		CASH		CHARGE							
QTY.	PART NO.			ARTICLES				PRICE		AMOUNT			
								TAX					
RECEIVED BY										TOTAL			

All claims and returned goods MUST be accompanied by this bill.

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Thank You