YOUR COMPANY NAME

Address CITY STATE ZIP Phone And Fax Adverising Line

CUSTOMER'S ORDER NO.			PHONE				DATE		
NAME		21							
ADDRESS									
CITY			STATE				ZIP		
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDS. RETD.	PAID OUT	REPAIR		
QTY.	PART	NO.		DESCRI	PTION		PRICE	AMO	UNT
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RECEIVED BY:							TAX		
123456						7	ГОТАL		
MS-249-2 PRINTED IN	U.S.A.	All o	claims and ref ST be accom	turned goods panied by thi	s bill.	C	Than	k Y	ou!