

YOUR COMPANY NAME

Address

CITY, STATE, ZIP CODE

Phone Number

Advertising Line

Customer's Order No. _____		Date _____		20 _____			
Name _____							
Address _____							
				Phone: _____			
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	
QUAN.	DESCRIPTION				PRICE	AMOUNT	
All claims and returned goods MUST be accompanied by this bill.					TAX		
0001001					Received By _____	TOTAL	



Thank You