YOUR COMPANY NAME

Address
City State Zip
Phone and Fax
Advertising Line

Customer's Order No. _____ Phone No. _____ Date _____ 20 ____

Name _____

Address _____

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	

QUAN.	DESCRIPTION	PRICE	AMOUNT	
		TAX		
		TOTAL		

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

123456

Rec'd by _____

PRINTED WITH SOY INK

PROOF PROOF PROOF