YOUR COMPANY NAME

Address
City State Zip
Phone And Fax
Advertising Line

CUSTOMER'S ORDER NO.			DATE				
NAME							
ADDRESS							
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D	PAID OUT	

QUAN.	DESCRIPTION	PRICE	AMOUNT	
		TAX		
		TOTAL		

Thank You!

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

Rec'd by _____

123456

GS-224-2

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PRINTED IN U.S.A.