

YOUR COMPANY NAME

Address
 CITY, STATE, ZIP CODE
 Phone Number
 Advertising Line

CUSTOMER ORDER NO.	DATE
NAME	PHONE NO. ()
ADDRESS	
CITY	STATE

SOLD BY	CASH	CHECK	CHARGE	COD	ON ACCT.	PAID OUT	MDSE. RETD.
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QUANTITY	DESCRIPTION	PRICE	AMOUNT
		TAX	
		TOTAL	

Received by _____

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

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Thank You



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