YOUR COMPANY NAME

Address
City State Zip
Phone And Fax
Advertising Line

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

Name _____

Address _____

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

PRINTED WITH SOY INK

PRINTED IN U.S.A.