

YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number
Advertising Line

CUSTOMER'S ORDER NO.				DATE		20	
SOLD TO							
ADDRESS TO							
SHIP TO							
ADDRESS							
SOLD BY		CASH	CHARGE	C.O.D.	SHIP VIA		PRE PAID
							COLLECT

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.		TAX	
13.		TOTAL	

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL

RECEIVED BY

0001001

Printed in U.S.A.

Thank You