YOUR COMPANY NAME

Address
City State Zip
Phone And Fax
Advertising Line

Customer's Order No. _____ Date _____ 20 ____

Name _____

Address

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

QUAN.	DESCRIPTION	PRICE	AMOUNT
	TAX		
	TOTAL		

123456

Rec'd by

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

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Thank You

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