COMPANY NAME

Address
City State Zip
Phone And Fax
Advertising Line

Customer's Order No. _____ Date _____ 20____

Name _____

Address _____

Phone:

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

QUAN.	DESCRIPTION	PRICE	AMOUNT

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

1234567	Received By	TAX
		TOTAL

GS-256-3
PRINTED IN U.S.A.

PRINTED WITH SOY INK

Thank You

PROOF PROOF PROOF