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

PRINTED WITH SOY INK

PROOF PROOF PROOF