

# YOUR COMPANY NAME

Address  
CITY, STATE, ZIP CODE  
Phone Number  
Advertising Line

Customer's Order No.					Date		20	
Sold To								
Address								
						Phone:		
Ship To								
Address								
SOLD BY	CASH		CHARGE	C.O.D.	VIA		<input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT	
✓	QUANTITY	DESCRIPTION				PRICE	AMOUNT	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14					TAX			
15					TOTAL			
<b>All claims and returned goods MUST be accompanied by this bill.</b>								
0001001			Rec'd By _____					