

# YOUR COMPANY NAME

Address

CITY, STATE, ZIP CODE

Phone Number

Advertising Line

Customer's Order No. \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

ARTICLE	STOCK NO.	AMOUNT
SPECIAL INSTRUCTIONS	TAX	
	TOTAL	
	DEPOSIT	
	BALANCE	

0001001

Rec'd by \_\_\_\_\_

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