

YOUR COMPANY NAME

Address
City State Zip
Phone And Fax
Advertising Line

Customer's Order No. _____ Date _____							
Name _____							
Address _____							
SOLD BY	CASH	C. O. D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	
QUAN.	DESCRIPTION			PRICE	AMOUNT		
	GALS.		GASOLINE				
			DIESEL				
	QTS.		OIL				
	GREASE						
	LUBRICATION						
					TAX		
CAR NO.	LICENSE NO.	MILEAGE			TOTAL		

123456

Rec'd by _____

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