

# YOUR COMPANY NAME

Address  
 CITY, STATE, ZIP CODE  
 Phone Number  
 Advertising Line

Phone No. \_\_\_\_\_ Date \_\_\_\_\_

Sold To \_\_\_\_\_

Address \_\_\_\_\_

License No. \_\_\_\_\_ Mileage \_\_\_\_\_

PAID OUT	<input type="checkbox"/>	CREDIT MEMO	<input type="checkbox"/>	REC'D ON ACC'T	<input type="checkbox"/>	C.O.D. SALE	<input type="checkbox"/>	CASH SALE	<input type="checkbox"/>	CHARGE SALE	<input type="checkbox"/>
QUAN.	DESCRIPTION					PRICE	AMOUNT				
	<input type="checkbox"/> GALS./ <input type="checkbox"/> LITERS LEAD FREE										
	<input type="checkbox"/> GALS./ <input type="checkbox"/> LITERS REGULAR										
	<input type="checkbox"/> GALS./ <input type="checkbox"/> LITERS DIESEL										
	QTS. OIL										
					TAX						
					TOTAL						

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

**0001001**

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

Printed In U.S.A.

