

# YOUR COMPANY NAME

Address  
City State Zip  
Phone And Fax  
Advertising Line

Customer's  
Order No.

Date

NAME	PHONE
ADDRESS	
CITY	
STATE	
ZIP	

SOLD BY	MDSE. SOLD			MDSE. RET'D.		REC'D. ON		MISC.	PD. OUT
	CASH	CHARGE	C.O.D.	CASH	CHARGE	ACCT.	NOTE		

QUAN.	STOCK NUMBER	DESCRIPTION	PRICE	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Received By	Tax
<b>123456</b>	<b>TOTAL \$</b>

In case of claims or returned goods, please present this bill.

