# COMPANY NAME

Address
City State Zip
Phone And Fax
Advertising Line

Pet's Name _____ Type of Animal _____ Date _____

Customer's Name _____

Address _____

Phone

| SOLD BY | CASH | CHARGE | ON ACCT. | MDSE. RETD. | OVERNIGHT STAY | FIELD SERVICE | DELIVERY SERVICE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| QUAN. | DESCRIPTION | PRICE | AMOUNT |
|---|---|---|---|
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | TAX | | |
| | TOTAL | | |

**123456**

Rec'd by

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

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Thank You

PRINTED WITH SOY INK