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
	TAX		
	TOTAL		

123456

Rec'd by

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

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Thank You

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