

YOUR COMPANY NAME

Address
 CITY, STATE, ZIP CODE
 Phone Number
 Advertising Line

NAME							
ADDRESS							
				PH. NO.		DATE	
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE.RETD.	PAID OUT	LAYAWAY
QTY.	DESCRIPTION					PRICE	AMOUNT
RECEIVED BY						TAX	
						TOTAL	

No. 001001

ALL CLAIMS AND RETURNED GOODS
 MUST BE ACCOMPANIED BY THIS BILL.

Thank You