PRINTED WITH SOY INK

YOUR COMPANY NAME

Address
City State Zip
Phone And Fax
Advertsing Line

NAME							
ADDRESS							
			PH. NO.			DATE	
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE.RETD.	PAID OUT	LAYAWAY

QTY.	DESCRIPTION	PRICE	AMOUNT	
		TAX		
RECEIVED BY		TOTAL		

No. 123456

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

GP-159-2
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Thank You

PROOF PROOF PROOF