



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

QTY.

DESCRIPTION

PRICE

AMOUNT

GALS.

GASOLINE

DIESEL

QTS.

OIL

GREASE

LUBRICATION

CAR NO.

LICENSE NO.

MILEAGE

TAX

RECEIVED BY

TOTAL

No. 001001

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

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PRINTED IN U.S.A.

Thank You