PRINTED IN U.S.A.

PRINTED WITH SOY INK™

001001

# YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number
Advertising Line

Name | Date 20
Cust. Or No.
Address
Del. To. | Via

| SOLD BY | CASH | C.O.D. | CHARGE | ON ACCT. | MDSE. RETD. | PAID OUT | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

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

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

Rec'd by

GSCC-653-2

Thank You