



YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number
Advertising Line

PACKING LIST

001001

S H I P T O					S O L D T O

CUST. ORDER NO. —	DATE SHIPPED	SHIPPED VIA	<input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT	SALESPERSON	OUR ORDER NO. —
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QTY. ORDERED	QTY. B/O	QTY. SHIPPED	DESCRIPTION

NO. OF CARTONS	TOTAL WEIGHT	CONTAINER NO.	<input type="checkbox"/> ORDER COMPLETE <input type="checkbox"/> BALANCE TO FOLLOW	PACKED BY	CHECKED BY
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REC'D BY _____ DATE _____ / ____ / ____