

YOUR COMPANY NAME

Address
City, State, Zip
Telephone • Fax
Advertising Line

ORDER NUMBER		PHONE NUMBER			DATE	
NAME						
ADDRESS						
SOLD BY	CASH	CHARGE	LAY-AWAY	ON ACCT.	MDSE. RETD.	
ARTICLE				STOCK NO.	AMOUNT	
SPECIAL INSTRUCTIONS				AMOUNT OF SALE		
				TAX		
				TOTAL		
				AMOUNT PAID		
				BALANCE		
RECEIVED BY						

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL

1234567