

YOUR COMPANY NAME

Address
City, State, Zip
Telephone • Fax
Advertising Line

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

123456

Rec'd by _____

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

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Printed in U.S.A.

Thank You

