YOUR COMPANY NAME

Address
City, State, Zip
Telephone • Fax
Advertising Line

CUSTOMER ORDER NO. DATE

NAME PHONE NO.
( )

ADDRESS

CITY STATE

SOLD BY	CASH	CHECK	CHARGE	COD	ON ACCT.	PAID OUT	MDSE. RETD.

QUANTITY	DESCRIPTION	PRICE	AMOUNT
		TAX	
		TOTAL	

Received by

All claims and returned goods must be accompanied by this bill.

Thank You

1234567

GS-226-2

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PROOF