



YOUR COMPANY NAME

Address
City, State, Zip
Telephone • Fax
Advertising Line

NAME

ADDRESS

PH. NO.

DATE

SOLD BY

CASH

C.O.D.

CHARGE

ON ACCT.

MDSE. RETD.

PAID OUT

QTY.

DESCRIPTION

PRICE

AMOUNT

GALS.

GASOLINE

DIESEL

QTS.

OIL

GREASE

LUBRICATION

CAR NO.

LICENSE NO.

MILEAGE

TAX

RECEIVED BY

TOTAL

No. 123456

ALL CLAIMS AND RETURNED GOODS
MUST BE ACCOMPANIED BY THIS BILL.

GP-155-2
PRINTED IN U.S.A.

Thank You