

YOUR COMPANY NAME

ADDRESS

CITY, STATE, ZIP CODE

PHONE AND 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		

0001001

Rec'd by _____

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