

**CLAIM CHECK**

NAME

ADDRESS

**001001**

CITY

PHONE

ARTICLE

DATE RECEIVED

DATE PROMISED

INSTRUCTIONS

THIS STORE IS NOT RESPONSIBLE  
FOR ARTICLES LEFT OVER 60 DAYS.

NO ARTICLES CAN BE PICKED UP  
WITHOUT THIS RECEIPT.

DATE PICKED UP

TOTAL  
CHARGES

DEPOSIT

CUSTOMER'S SIGNATURE

BALANCE

**YOUR COMPANY NAME**

Address  
CITY, STATE, ZIP CODE  
Phone Number  
Advertising Line