YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number
Advertising Line

CUSTOMER'S ORDER NO.	PHONE	DATE
NAME		
ADDRESS		
CITY	STATE	ZIP

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDS. RETD.	PAID OUT	REPAIR	

QTY.	PART NO.	DESCRIPTION	PRICE	AMOUNT