VTCC-845-2
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001001

YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number
Advertising Line

Pet's Name _____ Type of Animal _____ Date _____

Customer's Name _____

Address _____

Phone

SOLD BY	CASH	CHARGE	ON ACCT.	MDSE. RETD.	OVERNIGHT STAY	FIELD SERVICE	DELIVERY SERVICE

QUAN.	DESCRIPTION	PRICE	AMOUNT
	TAX		
	TOTAL		

Rec'd by

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

Thank You

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