

RECEIPT

DATE	SALESPERSON	METHOD OF PAYMENT					
		CA	CK	VS	MC	AX	DS

CUSTOMER		COMPANY	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE	ZIP	STATE	ZIP
PHONE		PHONE	
EMAIL		EMAIL	

ITEMS SOLD

QUANTITY	DESCRIPTION	PRICE PER UNIT	TOTAL
THANK YOU FOR THE BUSINESS		SUB TOTAL	
		TAX RATE	
		SHIPPING	
		TOTAL PAID	