



SALES ORDER

No. _____

Sold to: _____

Ship to: _____

DATE	SALESPERSON	CUSTOMER ORDER NO.	SHIP VIA	F.O.B.	TERMS
<input type="checkbox"/> Cash	<input type="checkbox"/> C.O.D.	<input type="checkbox"/> Pd. on Acct.	<input type="checkbox"/> Paid Out		
<input type="checkbox"/> Charge	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Merch. Ret.	<input type="checkbox"/> _____		

Quantity	Item No.	Description	Unit Price	Amount
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			
	16			
	17			
	18			
	19			
	20			
	21			
	22			
	23			
	24			
	25			
			TOTAL	

ALL RETURNS MUST BE ACCOMPANIED BY THIS RECEIPT.

Thank You