

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"/> Charge		<input type="checkbox"/> Credit Card		<input type="checkbox"/> Paid Out	
			<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				

ALL RETURNS MUST BE ACCOMPANIED BY THIS RECEIPT.

Thank You

TOTAL

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