

# 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"/> _____	

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				
			<b>TOTAL</b>	

ALL RETURNS MUST BE ACCOMPANIED BY THIS RECEIPT.

*Thank You*