

Sales Receipt

Order #:

Date:

Customer Information

Name: _____

Company: _____

Address: _____

City, State, ZIP: _____

Qty.	Description	Price	Amount
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Method of payment:		Subtotal	\$
Due Date:		Tax	\$
Signature:		Total	\$