



COMPANY NAME

ADDRESS
ADDRESS
ADDRESS



NAME				DATE			
ADDRESS				ORDER NO.			
			POSTAL CODE		PHONE		<input type="checkbox"/> DAY <input type="checkbox"/> EVE
QUANTITY	DESCRIPTION			PRICE	AMOUNT		
<div style="font-size: 100px; opacity: 0.5; transform: rotate(-30deg); pointer-events: none;">PROOF</div>							
CLERK				CASH	CHQ.	DEBIT CARD	PURCHASES
REMARKS:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G.S.T.
				C.O.D.	MDSE RET'D	PAID OUT	SUB-TOTAL
RECEIVED IN GOOD ORDER BY:				VISA	M-C	AMEX	P.S.T.
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

02 58-03

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