



COMPANY NAME

ADDRESS
ADDRESS
ADDRESS



NAME				DATE			
ADDRESS				ORDER NO.			
			POSTAL CODE		PHONE		<input type="checkbox"/> DAY EVG.
QUANTITY	DESCRIPTION			PRICE	AMOUNT		
CLERK				CASH <input type="checkbox"/>	CHK. <input type="checkbox"/>	DEBIT CARD <input type="checkbox"/>	PURCHASES
REMARKS:				C.O.D. <input type="checkbox"/>	MDSE RET'D <input type="checkbox"/>	PAID OUT <input type="checkbox"/>	GST/HST
RECEIVED IN GOOD ORDER BY:				VISA <input type="checkbox"/>	M-C <input type="checkbox"/>	AMEX <input type="checkbox"/>	P.S.T.

06 57-03

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DEALER IMPRINT