COMPANY NAME

ADDRESS
ADDRESS
ADDRESS

NAME	DATE 20
ADDRESS	ORDER NO.
POSTAL CODE	PHONE ☐ DAY ☐ EVG.

QUANTITY	DESCRIPTION	PRICE	AMOUNT

PROOF

REMARKS:

RECEIVED IN GOOD ORDER BY:

CLERK

CASH	CHQ.	DEBIT CARD
☐	☐	☐

LAYAWAY	MDSE RET'D	PAID OUT
☐	☐	☐

VISA	M-C	AMEX	ON ACCT.
☐	☐	☐	☐

PURCHASES	
G.S.T./H.S.T.	
P.S.T.	
TOTAL CHARGES	
DEPOSIT	
TOTAL	

℮ 96-18

AB 000001