

# PACKAGING SLIP

Date: [Enter a date]

[Your Company Name]  
[Street Address]  
[City, ST ZIP Code]  
[Phone]  
Fax [000.000.0000]  
[e-mail]

Ship To

[Name]

Bill To

[Name]

[Company Name]

[Company Name]

[Street Address]

[Street Address]

[City, ST ZIP Code]

[City, ST ZIP Code]

[Phone]

[Phone]

Customer ID [ABC12345]

Customer ID [ABC12345]

Order Date	Order Number	Job

[illegible]

YOUR LOGO  
HERE

*[Your company slogan]*

Please contact Customer Service at [000.000.0000].  
with any questions or comments.

***Thank you for your business!***