[Seller Name] Address:	RECEIPT			
Tel.: Fax: Email:	Accou	ipt No.: unt No.:		
	Purchase Ord	der No.:		
Billing Address	Delivery Address			
Name:	Name:			
Attn:	Attn:	Attn: Address:		
Address:	Addres	s:		
Tel.:	Tel.: Shippin	ng Date:		
Description	Quantity	Unit Price	Total	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Subtotal	\$			
Sales Tax	@% \$		-	
Shipping				
Other:	\$			
(Discount)	(\$	S	_)	
Total Amount	\$ _		-	
Seller confirms that the Purchaser has paid the payment method of: (Check one)	he Total Amount on $_$		[payment date	
Cash Personal check Cashier's check				
Money order Credit or debit card PayPal Other:				
es:				