

COMPANY NAME

ADDRESS
ADDRESS
ADDRESS

NAME				DATE											
ADDRESS				ORDER NO.											
		POSTAL CODE		PHONE		DAY									
QUANTITY	DESCRIPTION			PRICE		AMOUNT									
REMARKS:				CLERK		PURCHASES									
						G.S.T./H.S.T.									
				CASH	CHQ.	DEBIT CARD	P.S.T.								
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				JAWAY	MDSE RET'D	PAID OUT	TOTAL CHARGES								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
RECEIVED IN GOOD ORDER BY:				VISA	M-C	AMEX	ON ACCT.								
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEPOSIT							
								TOTAL							