INVOICE

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COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

INVOICE DATE | INVOICE NO. | PAGE

SOLD TO

SHIPPED TO

ACCOUNT NUMBER	SALES REP	CUSTOMER P.O. NUMBER	TERMS	SHIP VIA	F.O.B.

QUANTITY			DESCRIPTION			DISCOUNT	AMOUNT
ORDERED	SHIPPED	BACK ORDERED	STOCK I.D.	UNIT	UNIT PRICE		

Form # 638