[Company Name]

[street Address],[City,St Zip Code] [Phone:] [Fax:]

Tax Receipt

			Date	
Sold By: Name:		2	0	
Address		3		
Cash	Charge	C.O.D	ON.ACCT	Estimate
	50			T
				8
				15
				2
				8
				8
				50
				20
				Lis.
				2
				1
				8

Thank you for your Business!

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