

REDACTED

Add to Cart

Your Company Logo

Invoice No: Your #

Your Company Name  
Your Company Address  
Your Company City, State, Zip  
Your Phone#  
Your Fax#



NO GOODS MAY BE RETURNED AFTER 30 DAYS WITHOUT PRIOR WRITTEN AUTHORIZATION

Terms:	Your Terms	Customer Order No.	Your #	Date Shipped:	Your Date	Packing Slip No.	Your #
	Your City		Your Shipper		Your Route		
						Your Value	#VALUE!
				The services or goods have been performed or delivered and conform to all requirements of the contract.			
				Authorized Representative			

Invoice Authorization Signature		Your Date	Work Order#:	<b>Total Due</b>	#VALUE!
		Date	Your #		

Form Rev: Orig

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Instructions:



**Your Company Logo**

**Invoice #:**

###

Your Company Name

Remit Payment To

[Redacted]

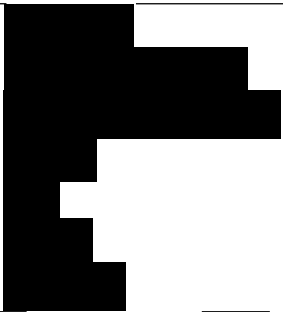
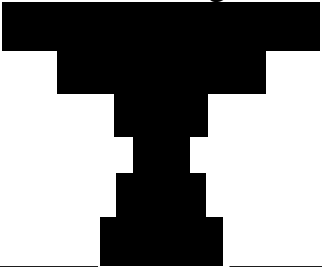
[Redacted]

**NO GOODS MAY BE RETURNED AFTER 30 DAYS WITHOUT PRIOR WRITTEN AUTHORIZATION**

Terms:	Your Terms	Customer Order#:	###	Date Shipped:	Date	Packing Slip No:	###
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]		
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]		
	[Redacted]	[Redacted]	[Redacted]	[Redacted]		\$\$\$	\$\$\$
				Authorized Representative			
				Work Order#			
				###		<b>Total Due</b>	\$\$\$
Invoice Authorization Signature			Date				

**PACKING SLIP**

Your Logo



[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
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Terms	PO#	Order Date	Internal Order #
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Order Qty	[Redacted]	[Redacted]	[Redacted]	[Redacted]
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We hereby certify that the items supplied in this shipment have

By: \_\_\_\_\_ Date: \_\_\_\_\_

Form Rev: Orig