Your Company Logo

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

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		
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Invoice Authorization Signature	Date			I
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Instructions:

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PACKING SLIP

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Terms				PO#	Order Date	Order#	
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We hereby	certify that the	items supplie	ed in this shipme	ent have Date:			