SALES RECEIPT

DATE: _____

SOLD TO: _____ PHONE: ( ) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

quantity	description	amount
	SUBTOTAL	
	SALES TAX	
	SHIPPING (IF APPLICABLE)	
	TOTAL DUE	

TWO (2) COPIES – Customer ONE (1) COPY – Distributor