

CUSTOMER ORDER NO.	DATE
NAME	
ADDRESS	
PURPOSE OF PAYMENT <input type="checkbox"/> RENT <input type="checkbox"/> GOODS <input type="checkbox"/> _____	

PAYMENT METHOD		AMOUNT DUE	
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK	THIS PAYMENT	
<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CASH	BALANCE DUE	

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.
QTY	DESCRIPTION	PRICE	AMOUNT	

Thank You!

RECEIPT