

MESSRS:  
COMPANY NAME

## STATEMENT OF DELIVERY

<COMPANY NAME>

ADDRESS:

<OFFICE ADDRESS>

PHONE:

TEL:

FAX:

FAX:

DATE	ORDER #	PAYMENT TERM

SERVICE DESCRIPTION		AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<u>NOTE</u>		SUB TOTAL
		TAX
		TOTAL AMOUNT

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<SIGNATURE>