

COMPANY NAME

STATEMENT OF DELIVERY

<COMPANY LOGO>

MESSRS:

NAME

COMPANY NAME

STREET ADDRESS

CITY ZIP CODE

PHONE :

FAX :

DATE:	
ORDER #:	
CUSTOMER ID:	
PAYMENT DUE BY	

SHIP TO: (IF DIFFERENT)

NAME

COMPANY NAME

STREET ADDRESS

CITY ZIP CODE

PHONE :

FAX :

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT

SPECIAL NOTES AND INSTRUCTIONS

SUB TOTAL
TAX RATE
TAX
SHIPPING
TOTAL AMOUNT