

PAYMENT RECEIPT

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DATE	

JOB # _____

CUSTOMER NAME	END USER NAME
SHIP DATE	BY:
VISA/MASTER CARD ENTRY DATE	BY:
ENTRY DATE ACCOUNTING	BY:
PAYMENT METHOD VISA M/C CHECK CHE VISA CREDIT CARD # EXPIRATION DATE	ECK NUMBER CASH \$
NOTES:	PRICE PER M QUANTITY OVERS COMP. FREIGHT
	TOTAL

Typing in your name acts as your signature

SIGNATURE: ____