PACKAGING SLIP

Company:_____

DATE:_____

Address_____, City_____, State_____ Zip_____
Phone _____ Fax _____
E-Mail_____

SHIP TO
Name_____
Company_____
Address_____
City, ST, Zip_____
Phone_____
Customer ID_____

BILL TO
Name_____
Company_____
Address_____
City, ST, Zip_____
Phone_____
Customer ID_____

ORDER DATE	ORDER NUMBER	JOB

ITEM #	DESCRIPTION	QUANTITY

Please contact Customer Service at _____ with any questions or comments.
THANK YOU FOR YOUR BUSINESS!