

PACKING SLIP

Date: _____

Company Name: _____

Company: _____
Address: _____
City, ST ZIP: _____
Phone: _____
Fax: _____
Email: _____

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 call Customer Service at _____ with any questions or comments

Thank you for your business!