

# PACKING SLIP

Order #0000

Your Company Name Here

Your Street

Your Town

Your Phone

Sold to:

Ship to:

Customer Order No.	Date Shipped	Shipped Via	Our No	Salesperson
Quantity Ordered	Quantity Shipped	Quantity Back Ordered	Stock Numbered	Description
#Cartons	Total Weight	Order Complete	Balance to Follow	Checked by

Received in Good Condition  
by:

Date:

Please notify us immediately if an error is found in shipment