

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:
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Please notify us immediately if an error is found in shipment