



Packaging Slip

Date: [Enter a date]

Ship To

[Name]

Bill To

[Name]

[Company Name]

[Company Name]

[Street Address]

[Street Address]

[City, ST ZIP Code]

[City, ST ZIP Code]

[Phone]

[Phone]

Customer ID [ABC123]

Customer ID [ABC123]

Order Date

Order Number

Job

Item #

Description

Quantity

Please contact Customer Service at [000-000-0000] with any questions or comments.

Thank you for your business!

[Your Company Name] [Street Address],[City, ST ZIP Code] Phone [000-000-0000] Fax [000-000-0000]
[e-mail]