

PACKING SLIP

Date: Jan 1, 2010

[COMPANY NAME]

Your Company Slogan

Your Company Name

Primary Address

Address 2

Phone: 555-555-5555

Fax: 555-555-5555

E-mail: someone@example.com

Ship
To

Name _____

Title

Primary Address

Address 2

Phone: 555-555-5555

Customer ID: #####

E-mail: someone@example.com

Bill
To

Name _____

Title

Primary Address

Address 2

Phone: 555-555-5555

Customer ID: #####

E-mail: someone@example.com

Order Date	Order Number	Job

THANK YOU FOR YOUR BUSINESS

[Your Company Name]

[Street Address]

[City, ST ZIP Code]

Phone (000-000-0000)

Fax (000-000-0000)

[e-mail]