

YOUR LOGO
HERE

[Your Company Slogan]

PACKAGING SLIP

[Your Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone] [Fax]

[e-mail]

DATE May 23, 2012

CUSTOMER ID [ABC12345]

SHIP TO

[Name]

[Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

BILL TO

[Name]

[Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

ORDER DATE

ORDER NUMBER

JOB

ITEM #

DESCRIPTION

QUANTITY

Please contact Customer Service at [Phone] with any questions or concerns.

THANK YOU FOR YOUR BUSINESS!