



| NAME | | | | DATE | | | | 200 | | | |
|---|-------------|--|--|--------------------------|--------------------------|--------------------------|--------------------------|---|--|--|--|
| ADDRESS | | | | ORDER NO. | | | | | | | |
| | | | | POSTAL CODE | | PHONE | | <input type="checkbox"/> DAY <input type="checkbox"/> EVG. | | | |
| QUANTITY | DESCRIPTION | | | | PRICE | AMOUNT | | | | | |
| <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.5; font-size: 100px; pointer-events: none;"> Proof Pro </div> | | | | | | | | | | | |
| CLERK | | | | CASH | CHQ. | DEBIT CARD | PURCHASES | | | | |
| REMARKS: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G.S.T. | | | | |
| | | | | C.O.D. | MDSE RET'D | PAID OUT | SUB-TOTAL | | | | |
| RECEIVED IN GOOD ORDER BY: | | | | VISA | M-C | AMEX | ON ACCT. | P.S.T. | | | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TOTAL | | | |