



NAME				DATE				200	
ADDRESS				ORDER NO.					
				POSTAL CODE		PHONE		<input type="checkbox"/> DAY <input type="checkbox"/> EVG.	
QUANTITY	PART NUMBER	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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P.S.T.	
				VISA	M-C	AMEX	ON ACCT		TOTAL
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			