



NAME						DATE		200	
ADDRESS						ACCOUNT			
MAKE				COLOUR		LICENSE			
QUANTITY	DESCRIPTION						PRICE	AMOUNT	
	LITRES	REG.	MID.	PREM.	DIES.	PROP.	@	.	/l
	LITRES	W/		OIL @					
	LUBRICATION								
	FILTER								
TOWING FROM:				DISTANCE:		@			
				TOWING:		@			
TO:				LABOUR:		@			
				STORAGE:		@			
TERMS:		CASH	CHO.	DEBIT CARD	ACCT.	OTHER:			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
CREDIT CARD:		VISA	M-C	AMEX	OURS	OTHER:			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
CREDIT CARD NUMBER						EXP.			
CLERK						RECEIVED IN GOOD ORDER BY:			
						PURCHASES			
						G.S.T.			
						SUB-TOTAL			
						P.S.T.			
						TOTAL			

PROOF

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