



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: 0.1; 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			