

OZARK MOUNTAIN SUPER SHIFTERS
ASSOCIATION

INVOICE



INVOICE # _____
DATE: _____

2010 Florence Street, Apt. C
Kirksville, MO 63501
TAX ID: 43-1827149

TO:

SHIP TO:

Phone: _____

Phone: _____

COMMENTS OR SPECIAL INSTRUCTIONS:

MEMBER NAME	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
					Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
SUBTOTAL			
SALES TAX			
SHIPPING & HANDLING			
TOTAL DUE			

Make all checks payable to OZARK MOUNTAIN SUPER SHIFTERS
If you have any questions concerning this invoice, contact _____

Thank you for your business!