PACKING SLIP

|  |  |  |
| --- | --- | --- |
| **[Company Name]** |  | Date: |
| [Address] |  | Invoice # |
| [City, State, Zip Code] |  | Order Number: |
| [Phone] |  |  |

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| --- | --- | --- | --- |
| DESCRIPTION |  | QUANTITY |  |
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| SHIP TO | |  | Thank You! |
| [Company Name] |  |
| [Address] |  |
| [Address] |  |
| [Phone] |  |

