BUSINESS RECEIPT

Company Name: Street Address: City, State, Zip: Phone:

Fax: Email:

Date: Receipt #:

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| --- | --- | --- | --- |
| QTY | Description | Unit Price | Total |
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Subtotal: Tax Rate: Tax:

Total Amount Due: Amount Paid:

**Customer/Client Information**

Name: Payment Method:

Street Address: ☐ Credit Card (No. ) City, State, Zip: ☐ Cash

Phone: ☐ Check (No. )

Email: ☐ Other:

**Authorized Signature**

Title: