

**INVOICE #:**

## Date of Invoice:

Date Shipped:

How Shipped

Terms - Cash on Delivery

Salesman:

Retail License No:

Address:

City/State/Zip:

(FOR USE BY WHOLESALE LICENSEE)

Remarks:

CASH ☐

CHECK ☐

(Name of Transportation Company)

By:

Form 703-35 Revised 6/10/2022