# SALES RECEIPT

DATE: _____

cardio™
cocktail

SOLD TO: _____ PHONE: (  ) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

| quantity | description | amount |
|---|---|---|
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| | | |
| | SUBTOTAL | |
| | SALES TAX | |
| | SHIPPING (IF APPLICABLE) | |
| | HANDLING ($3.00 MINIMUM) | $3.00 |
| | TOTAL DUE | |

Rev05-08

TWO (2) COPIES – Customer ONE (1) COPY – Distributor