## ELECTRICAL SHOP

| PRICE AMOUNT |
|--------------|
| Date19       |

## ELECTRICAL SHOP

|           |       |          |                    |               |              | _   |
|-----------|-------|----------|--------------------|---------------|--------------|---|
|           | T     | 1 ;      |                    |               | RECEIVED     | REC   |
|           |       | TAX      | nied by this bill. | ST be accompa | med goods MU | All claims and returned goods MUST be accompanied by this bill. |
|           |       |          |                    |               |              |   |
|           |       |          |                    |               |              |   |
|           |       |          |                    |               |              |   |
|           |       |          |                    |               |              |   |
|           |       |          |                    |               |              |   |
|           |       |          |                    |               |              |   |
|           |       |          |                    |               |              |   |
|           |       |          |                    | 0,            | FUSES        |   |
|           |       |          |                    | G             | WIRING       |   |
|           |       |          | ס                  | GROUND CLAMP  | GROU         |   |
|           |       |          |                    | GROUND WIRE   | GROU         |   |
|           |       |          | *                  | OVERHEAD BOX  | OVERI        |   |
|           |       |          |                    | Š             | SEC. BOX     |   |
|           |       |          | 111                | SERVICE CABLE | SERVI        |   |
|           |       |          |                    | CONNECTORS    | CONN         |   |
| AMOUNT    |       | PRICE    | 2                  | DESCRIPTION   |              | QUAN.   |
| WILL CALL | ¥II F | ON ACCI. | CHARGE             | c.c.          | CASH         | SOLDBY  |
| -         |       |          |                    |               |              | Phone   |
|           |       |          |                    |               |              | Address   |
|           |       |          |                    |               |              | -   |
|           |       | Tel      |                    |               |              | Name  |
| 19        | Date_ | D        |                    | 0.            | Order N      | Customer's Order No.  |
|           |       |          |                    |               |              |   |
|           |       |          |                    |               |              |   |