Date: [Enter a date]

PACKAGING SLIP

[Your Company Name]	Ship To	[Name]	Bill To	[Name]
[Street Address]		[Company Name]		[Company Name]
[City, ST ZIP Code]		[Street Address]		[Street Address]
[Phone]		[City, ST ZIP Code]		[City, ST ZIP Code]
Fax [000.000.0000]		[Phone]		[Phone]
[e-mail]		Customer ID [ABC12345]		Customer ID [ABC12345]

Order Date	Order Number	Job

Item #	Description	Quantity

Please contact Customer Service at (123) 456 78 99 with any questions or comments. Thank you for your business!