



Customer Information

Name: _____
Date: _____
Phone: _____
Invoice #: _____
Address: _____
Pickup/Delivery: _____

Sl. No	Item Description	Quantity	Rate	Amount	Remarks
1	Shirt				
2	Trousers				
3	Jacket				
4	Bed Sheet				
5	Suit				
6	Blanket				

Subtotal	_____
Discount	_____
Tax	_____
Total	_____

Note: Clothes once delivered will not be returned. Please check your bill before leaving.

Customer Signature: _____

