RETAIL RECEIPT

DATE: MM/DD/YYYY

QTY	PRODUCT DESCRIPTION	UNIT PRICE	EXTENDED PRICE
		SUBTOTAL	
		SALES TAX	
		SHIPPING	
		TOTAL REMITTANCE	

THANK YOU!

CUSTOMER INFORMATION

Name:	
Address:	
City, State, Zip:	
Phone:	
Email Address:	

Loyd & Denise Stephens

Independent Members

Member ID #00023063

3923 Cross Bend Drive
Arlington, TX 76016
Home Office 817.572.0131
Denise's Cell 817.988.1086

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