

EQUIPMENT SALES RECEIPT

Date: _____
Receipt Number: _____
Seller Name: _____
Seller Phone Number: _____

Sold to:

Name: _____
Company Name: _____
Street Address: _____
City/State/ZIP: _____
Phone Number: _____

Equipment Description	Serial Number	Quantity	Price Total (\$)

Subtotal: _____
Tax Rate: _____
Taxes Due: _____
Total Amount Due: _____

Amount Paid: _____ Dollars (\$ _____)

Payment made by: Check / Credit Card / Other: _____

Check/Card # _____

ALL EQUIPMENT IS SOLD "AS-IS" WITH NO WARRANTIES OR GUARANTEES WHATSOEVER

