

FIRST TRANSIT, INC
 6181 STATE ROUTE 19
 BELMONT, NY 14813

Customer Information

Name: _____

Address: _____

INVOICE	_____
Invoice Date	_____
Company Code	_____
Location Code	_____
Customer Number	_____
Purchase Order	_____

Terms: NET 30

Instructions/Condition

G/L Account Distribution		
Location	Account	Amount
Subtotal		

Tax Exempt # _____
 Sales Tax _____
 Less Deposit _____
 Invoice Total _____

Please detach bottom portion and return with remittance

Remit to:

FIRST TRANSIT, INC
 22192 NETWORK PLACE
 CHICAGO, IL 60673-1221

Location Number	_____
Customer Number	_____
Purchase Order	_____
Invoice Number	_____
Invoice Total	_____
Amount Paid	_____