|  |  |
| --- | --- |
| [Company Name]  [Street Address] [City, ST]  Phone [phone] Fax [fax] | DEBIT NOTE |
| The following number must appear on all related correspondence, shipping papers, and invoices:  DEBIT No [100] |  |
| FROM: [Company Name]  [Street Address]  Dublin  Phone [phone] | TO: [Recipient Name]  [Company Name]  [Street Address]  Dublin  Phone [phone] |

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| DATE | REQUISITIONER | SHIPPED VIA | F.O.B. POINT | TERMS |
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| --- | --- | --- | --- | --- |
| QTY | UNIT | DESCRIPTION | UNIT PRICE | TOTAL |
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|  |  | SUBTOTAL | |  |
|  |  | SALES TAX | |  |
|  |  | SHIPPING & HANDLING | |  |
|  |  | OTHER | |  |
|  |  | TOTAL | |  |

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| 1. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above. 2. Please notify us immediately if you are unable to contact as specified. 3. Send all correspondence to: [Name] [Street Address] Dublin Phone [phone] Fax [fax] |  |  | |
|  |  | Signature: | Date |