

Sample Checkout

STATE COLLEGE DISTRIBUTORS, INC.

1630 South State College Blvd. Unit B, Anaheim, CA 92806

Tel. (714) 935-0533 Fax (714) 935-0538

Date: _____ Salesperson: _____

Customer Name: _____

Cell #: _____

Items:

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

Amount _____

Cash

Check

Credit Card # _____ Exp. Date _____

Other _____

Policy: Upon failure to return the above item(s) after 3 days, I agree I will be charged for the stated amount.

Customer Signature