RETAIL SALES RECORD

[Business Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

INVOICE #: _____

DATE: _____

REGISTER ID: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
Contact: _____

TRANSACTION DETAILS

Sales Associate: _____
Payment Method: _____
Status: [ ] Paid [ ] Pending

SKU / Item #	Description	Qty	Unit Price	Discount	Total

SKU / Item #	Description	Qty	Unit Price	Discount	Total

Subtotal:	$ 0.00
Sales Tax ([__]%):	$ 0.00
Shipping/Handling:	$ 0.00
GRAND TOTAL:	**$ 0.00**

Notes / Return Policy: Items may be returned within 30 days with a valid receipt. Original packaging required.

Thank you for your business!