Seller:

Name:
Address:

Phone:

INVOICE

PO #

DATE:

BUYER: Alberta Breeder Finance Inc.
o/a _____
PO Box 4638
Barrhead, AB
T7N 1A5
Ph: 780-674-2622
Fax: 780-674-2845

# OF HEAD	DESCRIPTION OF ANIMALS SOLD (TYPE, COLOR, DESCRIPTION OF ANY EXISTING BRANDS OR TAGS)	PRICE PER HEAD	TOTAL
		TOTAL	

Make all checks payable to _____

THANK YOU FOR YOUR BUSINESS!