

Retail Store Name

Address Line 1, Address Line 2
City, State ZIP
Phone: (xxx) xxx-xxxx

Date:
_____/_____/_____

Time:
____:____

Receipt No.:

Cashier:

Card Type:

Card Number:
***** * * * * _____

Cardholder Name:

Auth Code:

Transaction ID:

Item	Qty	Price	Total
_____	—	—	—
_____	—	—	—

Subtotal

Tax

Total

Amount Paid

Payment Method
Credit Card

Thank you for shopping!
Keep this receipt for your records.