

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.