

Cumulus Soaring, Inc.

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 paul@remde.us

**Sales Receipt**

Billing Information	Shipping Information
Name: _____	Name: _____
Street1: _____	Street1: _____
Street2: _____	Street2: _____
City: _____	City: _____
State or Province: _____ Zip Code: _____	State or Province: _____ Zip Code: _____
Country: _____	Country: _____
Phone: _____	Phone: _____
email: _____	email: _____

Payment Type (circle one): Cash, Check # _____, Visa, MasterCard, Discover, American Express

Credit Card Number: _____ Exp. Date: ____ / ____ Sec.#: _____

Name as it appears on the card: _____ Signature: _____

Item Description	Qty	Price Each	Amount
Total			