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# ORDER FORM

NAME \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER (S) \_\_\_\_\_

Customer P.O. No.	Ship Via	Sales Person	Contact Person	Date
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✓	QUAN.	ITEM NUMBER	DESCRIPTION	PRICE EA.	TOTAL
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Ordered by \_\_\_\_\_