

**ORDER FORM**

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Date \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 Attention \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Payment Term: COD Money Order or -Visa/Master/Discover Card #: \_\_\_\_\_ Exp: \_\_\_\_\_  
 Billing Address of Credit Card: \_\_\_\_\_ C V V Code \_\_\_\_\_

SN	Item	Quantity					SN	Item	Quantity				
		BK	BR	TN	BD	PRICE			BK	BR	TN	BD	PRICE
1							29						
2							30						
3							31						
4							32						
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**Packed BY** \_\_\_\_\_ **Ship Via** \_\_\_\_\_ **Special Ins.** \_\_\_\_\_