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|  |  ORDER |
| p.o. # [No.]Date: [Click to Select Date] |
| CUSTOMER NAMECUSTOMER PHONE NUMBERCUSTOMER EMAIL ADDRESS |
| PHONE NUMBERMETHOD OF PAYMENT TYPE OF CREDIT CARD EXPIRATION DATECVS CODE |

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| SHIPPING METHOD | SHIPPING TERMS | DELIVERY DATE |
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| qty | item # | description | job | unit price | line total |
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|  | subtotal |  |
| sales tax |  |
| total |  |

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| 1. Please send two copies of your invoice.
2. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
3. Please notify us immediately if you are unable to ship as specified.
4. Send all correspondence to:[Name][Street Address][City, ST ZIP Code]Phone [phone] Fax [fax]
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| Authorized by | Date |