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Order Form

ORDER DATE: _____

TO BILL		
	Tel #	FAX #

TO SHIP		
	Tel #	Fax #

PURCHASE ORDER #		SHIP DATE	SHIP VIA	TERMS	BUYER'S SIGNATURE					CANCEL DATE		
STYLE#	DESCRIPTION	COLOR	SIZE						TOTAL DOZENS	PRICE PER DOZEN	TOTAL COST	
			XS	S	M	L	XL	XXL				XXXL
		TOTALS										

REMARKS