



Order Form

Order Date: _____ Order No.: _____

Name: _____

Address: _____

City, State: _____ Zip: _____

Email: _____

Phone (Cell): _____ Phone (Home): _____

Qty	Description	Total
Shipping		
TAX (where applicable)		
TOTAL		

Ship Date: _____ Ship Via: _____

Paid Via: _____ Cash _____ PayPal* _____ Check # _____ Date Paid: _____

**A 5% maintenance fee will apply for PayPal payments.*

Notes: _____

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