

Qty	Description	Price	Total
Name: _____		Subtotal	
Addr: _____		Tax	
City: _____ State: _____ Zip: _____			
Hm Ph: _____ Wk: _____		Total	
Email: _____			
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> Master <input type="checkbox"/> DISC <input type="checkbox"/>			
CC# _____ Exp: _____			

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Hm Ph: _____ Wk: _____		Total	
Email: _____			
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> Master <input type="checkbox"/> DISC <input type="checkbox"/>			
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