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|  |  ORDER |
| p.o. # [No.]Date: [Click to Select Date] |
| FULL NAMECOMPANY NAMESALES TAX ID: CUSTOMER PHONE NUMBERCUSTOMER EMAIL ADDRESS |
| PHONE NUMBERMETHOD OF PAYMENT CIRCLE WIRE, ACH, ZELLE, BANK CHECK, BUSINESS CHECK, PERSONAL CHECK, MONEY GRAM, WESTERN UNION, TRANSFERWISE, BEHALF, BANK DEPOSIT (TD BANK) |

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 | BILLING ADDRESS: | SHIP TO ADDRESS |  |

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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 |  |
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| Please send two copies of your invoice.Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.Please notify us immediately if you are unable to ship as specified.ALL ITEMS ARE CLOSEOUTS. FINAL SALE. NO REFUNDS. NO RETURNS. NO EXCHANGES. |  |  |
| Authorized by |