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| --- | --- | --- |
|  | | ORDER |
| p.o. # [No.]  Date: [Click to Select Date] |
| CUSTOMER NAME  CUSTOMER PHONE NUMBER  CUSTOMER EMAIL ADDRESS |
| PHONE NUMBER  METHOD OF PAYMENT  TYPE OF CREDIT CARD  EXPIRATION DATE  CVS 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] |  | |
| Authorized by | Date |