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Date	Purchase Order	Deadline Date	Ship Via	FOB	Terms	Tax ID

Quantity	Item #	Item Description	Unit Price	Total

Credit Card Number: _____
Exp: _____ Security Code: _____
Billing Address (If different from address above): _____
City: _____ State: _____ Zip Code: _____
Authorized Signature: _____

Subtotal	
Sales Tax	
Shipping	
Total	
Deposit	
Balance Due	\$