

Fax to: 717-502-0353

Date:	1	Date Needed:	
PO#			
Bill To: Address:			
Ship To: Address:			
Attention: Phone: Fax: E-Mail:			
Shipping Pref	iference: UPS: USPS: Other:	Priority: Priority:	
Payment Opt			
Credit Card #		F . D. L.	O. d.
Card Type: Check #		Exp Date:	Code:
Qty		Product Description	Price
Notes:			

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