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Order Date:	Order No.: Ship Da			e:			
STORE NAME:				SHIPPING ADDRESS: STATE: ZIP: BILLING ADDRESS (if different): CITY: STATE: ZIP:			
STYLE #	QTY	COST	TOTAL	STYLE #	QTY	COST	TOTAL
				TOTAL BEFORE SHIPPPING:			
NAME ON CARD: EXP. DATE: CODE:				CARD NUMBER:			