**PO #:**

LOGO

**Date:**

**Order Form**

**Store Name: Buyer Name:**

**Company Name: Phone:**

**Address: Email:**

 **Bill To:**

**Phone:**

**Shipping Method: Ship To:**

**Shipping Terms:**

**Delivery Date:**

Credit Card Name Credit Card # Expiration Date Security Code

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| --- | --- | --- | --- |
|  | V/MC |  |  |

**Tax ID #:** ***Please include copy of resale certificate for first order.***

**TERMS:** Visa or MasterCard only; credit cards processed upon shipment to store. Shipping via UPS ground, unless otherwise specified; signature required upon delivery. Only damaged items may be returned; RA# must be issued by Company Name within 10 days of delivery.

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| **Style Name** | **Color** | **XS** | **S** | **M** | **L** | **XL** | **Unit Price** | **Line Total** |
| **0** | **2** | **4** | **6** | **8** | **10** | **12** |
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**I verify that I am the authorized buyer above:**

 **Signature Date**

**Company Name ▪ Address, City State, Zip ▪ 555-555-5555** **▪ email@email.com ▪ mywebsite.com**