kye

DATE: _____

BILL TO: _____

Address _____

_____
CITY ST ZIP

NEW CUSTOMER Y N

REQUESTED SHIP DATE:

COMMENTS:

	DESCRIPTION	PART NO	COLOR	XS	S		M		L		TOTAL QTY	UNIT PRICE	LINE TOTAL
				0	2	4	6	8	10	12			
1													
2													
3													
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