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NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE (AREA CODE): (_____) _____

SALES REP: _____ DATE: _____

| QTY. | SIZE | COLOR | PRICE | TOTAL |
|------|------|-------|-------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please **X** Payment Type:



CASH

EXP. DATE: _____ V-CODE: _____

| | |
|----------------|--|
| DEPOSIT | |
| TAX | |
| BALANCE | |

NAME ON CARD: _____

CARD NUMBER: _____

SIGNATURE: _____

DUO TO THE INTIMATE NATURE OF THIS PRODUCT ABSOLUTELY NO REFUNDS OR RETURNS ARE ACCEPTED.