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ORDER FORM

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BILLING ADI	DRESS: (Same as credit card)	ODE:
NAME: (As	it appears or	r credit card)	
ADDRESS	:		
CITY:		STATE ZIP_	
PHONE: _		email:	
SHIPPING A	DDRESS	: (Note: We are unable to ship to PO Boxes)	
NAME:			
ADDRESS	:		
CITY:		STATE ZIP .	
		ed as a gift Institution - Purchase Order No.	
ITEM NO.	OTV	DESCRIPTION	TOTAL PRICE
ITEM NO.	GII.	DESCRIPTION	TOTAL PRICE
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		Sales Tax Added	TOTAL PRIOL
		Sales Tax Added (California Residents Only)	TOTAL PRIOL
Order Date METHOD OF PA	AYMENT:	Sales Tax Added (California Residents Only) Postage & Handling (Standard Postage 15% of order / \$15.00 minimum)	TOTAL PRIOL
Order Date METHOD OF PARTIES MasterC Check / I	AYMENT: ard \[\sum_{\text{V}} \text{V} Woney Ord	Sales Tax Added (California Residents Only) Postage & Handling (Standard Postage 15% of order / \$15.00 minimum) ler	TOTAL PRIOL
Order Date METHOD OF PARTIES MasterC Check / I	AYMENT: ard \[\sum_{\text{V}} \text{V} Woney Ord	Sales Tax Added (California Residents Only) Postage & Handling (Standard Postage 15% of order / \$15.00 minimum)	Sec. Code

(Must be signed to be accepted)

(3 numbers on back of card)