

## ORDER FORM

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BILLING NAME AND ADDRESS:  Company: Address:		SHIPPING NAME AND ADDRESS:  Company: Address:					
<b>0</b> 11		City:					
City: State:  Country: Billing Contact: Phone: Fax: Email:		State: Zip:					
		Country:	Σiγ.				
		Billing Contact: Phone: Fax: Email: *email is required for shipment tracking information					
					071/	PDIOF	
				ITEM NUMBER / DESCRIPTION	OTY	PRICE	SHIP VIA:
							UPS Ground Commercial
			UPS Ground Residential				
			Canada Standard				
			2nd Day Air				
			☐ 3rd Day Select				
			☐ Worldwide Express				
			Other:				
PAYMENT METHOD:							
☐ Bill Me: we have an account with QA Supplies		PO number:					
☐ Mailing a Check							
	sa	☐ MasterCard	American Express				
		- IvidStorOard	— / inclident Express				
Card Number: Exp Date:/ CVV: *Please make sure the billing address above is the one listed on the credit card							
*Please make s	sure the billing a	ddress above is the one lis	sted on the credit card				
Comments:							
Ordered Du		D	40.				
Ordered By:Sign & P	rint Name	Dai	te:				