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## **ORDER FORM**

	DATE
0.	CUSTOMER No.

COMPANY		CUSTOMER No.				
NAME						
ADDRESS						
CITY	STATE	ZIP	COUNTRY			
PHONE ( )	F.	AX ( )				

PHONE ( **EMAIL** 

SHIP TO: (IF DIFFERENT)

**ADDRESS** 

	CITY	CITY STATE		COUNTRY	
STOCK NUMBER QUANT		DESCRIPTION ACKLE COMPONENTS		UNIT PRICE	TOTAL PRICE
ırchase				Order Total	
der No	Authorized By: (Required for all order	ers)		Federal Excise Tax	
ethod of payment:	Pi			Orders in MN add sales tax	
Approved 30 Day C	redit  Please include credit card number and ex	xpiration date with charge orders.		mum Order Charge	
Check or Money Order enclosed. (US funds only)				ual Freight Charges	
C.O.D.	Expira	ation date / / Month Year	-	Total Order Amount	
Charge to my	X				

Signature (as shown on credit card)