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YOUR ACCOUNT INFORMATION (Please Print) Purchase Order Number (Optional): **BILL TO: (Credit Card Address) SHIP TO:** Check here if same as billing address. Company Company Attention _____ Attention Address 1 Address 1 Address 2 Address 2 City City _____ Zip State State _____ Zip Telephone _____ Telephone _____ Fax Fax eMail eMail This Address is a Business Residence This Address is a Business Residence YOUR ORDER INFORMATION **ITEM NUMBER DESCRIPTION** QTY. **X UNIT PRICE** = TOTAL **SUBTOTAL** SALES TAX: 6.5% sales tax must be added by customers in OH unless a tax exemption certificate is on file or is submitted with this order. SHIPPING: We will calculate shipping and add it to your order. Please select the shipping method: USPS: Priority, Express UPS: Ground, 3 Day, 2nd Day, Next Day Air TOTAL YOUR BILLING INFORMATION Visa Mastercard American Express Discover Charge to: Name On Card Card Number Expiration Date CVV Signature on Card YOUR SIGNATURE

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