Betsy Tinkham
Cloud 9

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Manufacturer/Artist

Source

Buyer	Ship Date
Order Date	Complete Date

Cloud 9 CBD_____ ❍NEW CUSTOMER

SOLD TO/ SHIP TO: _____

phone

fax

email address:

SPECIAL INSTRUCTIONS:

BILL TO:

phone

fax

TERMS: ❍VISA ❍MC ❍AMEX
❍COD ❍NET 30 ❍CREDIT INFO ATTACHED ❍ON FILE

CREDIT CARD #_____

NAME ON CARD_____

EXP. _____ SEC. CODE _____

QTY	STYLE #	COST	EXT

QTY	STYLE #	COST	EXT
		TOTAL	