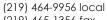
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City: State:			Zip:			
Phone:		Fax:		Email:		
Bookkeepers Name:		Bkkpr Phone:		Bkkpr Email:		
Ship To						
Person to Receive Shipment: C/O:						
Address (no PO Boxes):						
City:		State:		Zip:		
Phone:		Fax:		Email:		
County: Shipping location is: [] School [] Business [] Residence						
QUANTITY	ITEM/D	DESCRIPTION		PRICE	SUBTOTAL	
Imprint Copy for SNIFTY Pens (two lines allowed):				Order Total:		
				Tax: Shipping:		
Requested Delivery Date:				Total:		
METHOD OF PAYMENT						
Pre-pay:  [] VISA  For Net 20 day credit terms:    [] MASTERCARD  [] SUBMIT ORDER FORM WITH A SCHOOL PURCHASE ORDER—DMI WILL SEND INVOICE    [] DISCOVER  [] SUBMIT ORDER FORM WITH A SALES AGREEMENT—DMI WILL SEND INVOICE    [] CHECK, NUMBER:					MI WILL SEND INVOICE SEND INVOICE	
Credit Card Number:				Expiration Date:		
Name as Shown on Card:				3-Digit CVV:		
Billing Address for Card: City, ST: Zip:						
Signature:						
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