

B I L L T O	Name _____		
	Street / P.O. Box _____		
	City _____	State _____	Zip _____



P.O. Box 593
Garden Valley, CA 95633

800-569-4709
FAX 877-569-4520

Order Date _____	Ship Date _____
Terms _____	Cust. Order No. _____
Ship Via _____	Completion Date _____

S H I P T O	Name _____		
	Street _____		
	City _____	State _____	Zip _____

Buyer _____

Phone _____

Fax _____

Salesman _____

	Units	Stock No.	Description	Unit Cost	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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