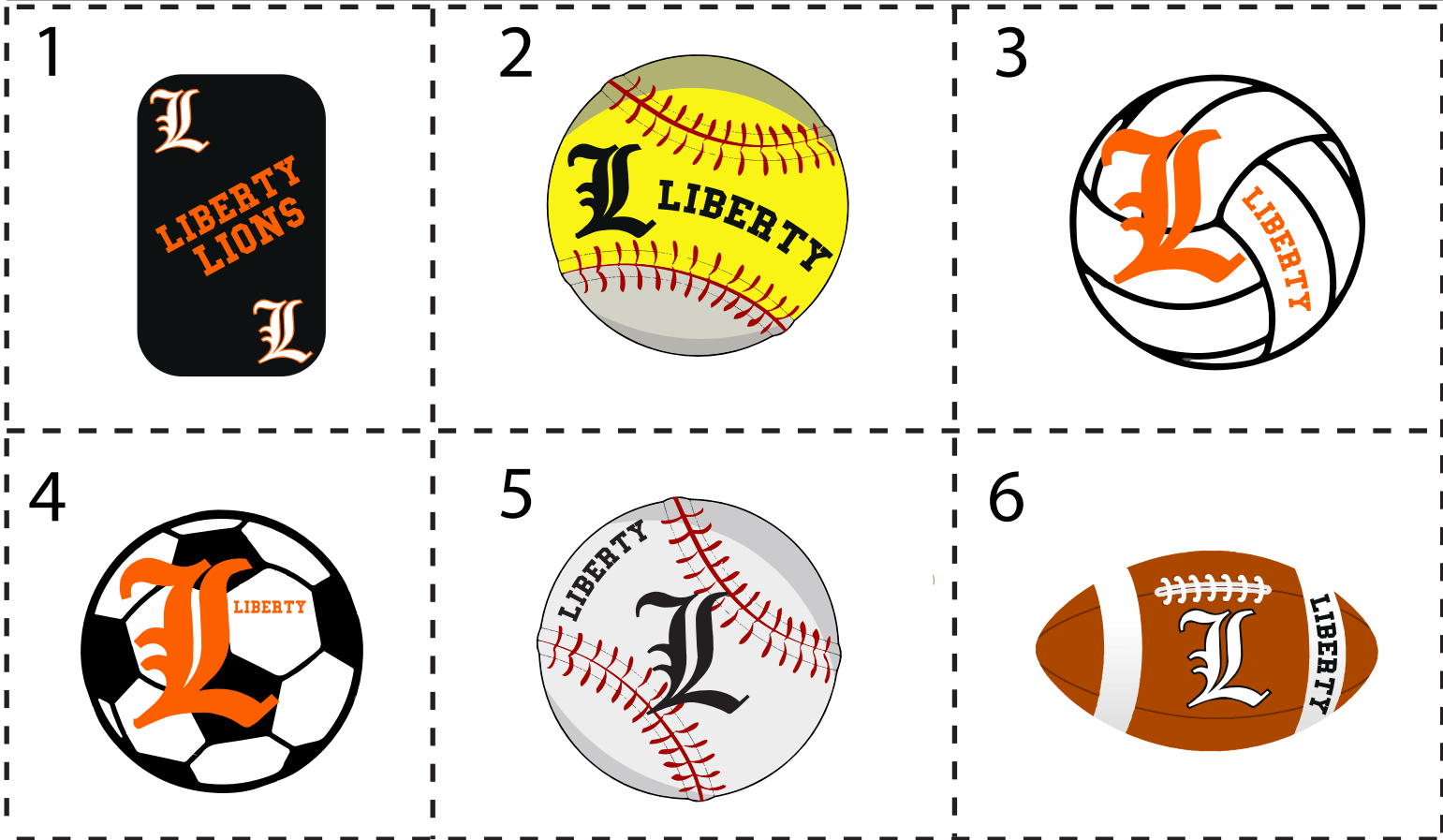


ORDER FORM

Name			
Address		City	State
		Zip	
Phone			



PRODUCT/ITEM #	CUSTOMER NAME/ NUMBER	QTY	TOTAL COST

METHOD OF PAYMENT: <input type="checkbox"/> CHECK <input type="checkbox"/> CASH		Signs \$20 EACH Orders MUST be in BY _____	
DATE: / /	CUSTOMER SIGNATURE: X _____	TOTAL	