Bill To						Method of Payment (choose one) ☐ Credit Card					
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Freight	t deliveries: \$	Select either raised doc ed. Physical address re		ft gate needed. Add	Applies to	nis order to our Uni- schools and organizate credit card no. Pleas	ions only. Orders	from individuals	should include		
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Organization or Name						Daytime Phone No					
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Art and Education Total After Volume											
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Continuation of Order Form

Continuation of Order Form											
Qty.	Unit	Item No.	Catalog Page No.	Item Description	Unit Price	Total					
Merchandise Subtotal											