



karen graham design

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ORDER FORM

Name _____

Date: _____

Address _____

PO # _____

Tel # _____

Contact _____

PST # _____

Qty	Item #	Description (optional)	Cost per item	Extension
1				
2				
3				
4				
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24				
25				

Thanks for your order!

Subtotal

Visa # _____

Shipping

5% GST (#888366614)

Expiry Date _____

7% PST (if applicable)

Signature _____

Total

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