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ORDER # _____
DATE _____
BILL TO : _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____
FAX _____

QUANTITY _____
SIZE _____
CHENILLE COLOR _____
FRONT FELT _____
BACK FELT _____
LETTERING COLOR _____
LETTER STYLE _____
SWISS INSERT _____
DIRECT EMB INSERT _____
SPECIAL DESIGN _____
SPECIAL INSTRUCTIONS _____



QUANTITY _____
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