ACU-MARKET ORDER FORM

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$200.00 OR MORE

Bill To:
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Address 2: _____
City, State ZIP: _____
Phone: ( ) _____
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Ship To:
Name:_____
Company: _____
Address: _____
Address 2: _____
City, State ZIP: _____
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Comments or Special Instructions:
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DATE: _____

License # _____ **State** ___

P.O. #

SHIPPING CHARGES

$0.01 to $99.99 = $8.99
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$200.00 or more = **FREE**

2nd day Air Next Day Air
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ITEM #	QUANTITY	DESCRIPTION	AMOUNT

Visa MasterCard American Exp. Discover

Account # _____

Expiration Date _____ CVT Code _____

Name on Card

Billing Address for card
Street
City State Zip

SUBTOTAL	
FL Sales Tax	
Shipping	
Total	

THANK YOU FOR YOUR BUSINESS!

Signature of Card Holder _____