



st Name	First Name		ID#	
ysical Shipping Address (NC) POST OFFICE BOXES)	City	State Post Code	QTY
me Phone	Mobile Phone	E-mail		Order Total
lect Card Type: Master	rcard Visa			Shipping
rd Number	Exp. Date	CW Code	Name on Card	Grand Total
Billing Address (If different from Shipping Address)		City	State Post Code	

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d Costomers: This form must accompany a Preferred Customer enrollment Application.

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