Betsy Tinkham
Cloud 9

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Manufacturer/Artist ____________

Source ____________

Buyer	Ship Date
Order Date	Complete Date

Cloud 9 CBD____________ ❍NEW CUSTOMER

SOLD TO/ SHIP TO: ____________

phone ____________

fax ____________

email address: ____________

SPECIAL INSTRUCTIONS:

BILL TO: ____________

phone ____________

fax ____________

TERMS: ❍VISA ❍MC ❍AMEX
❍COD ❍NET 30 ❍CREDIT INFO ATTACHED ❍ON FILE

CREDIT CARD #____________

NAME ON CARD____________

EXP. ____________ SEC. CODE ____________

QTY	STYLE #	COST	EXT

QTY	STYLE #	COST	EXT
	TOTAL		