ORDER FORM

Date_____

SHIP TO

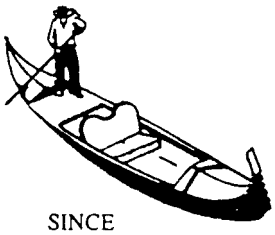
Name_____

Address_____

City/State/Zip_____

Telephone_____

Fax_____



SINCE
1976

ALEXANDER-LEE

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LOOSE BEADS. NECKLACES.
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PHILLIP HOLLAND, G.G. SUSAN HOLLAND, G.G.

QUANTITY	ITEM #	DESCRIPTION	UNIT PRICE	TOTAL PRICE

POSTAGE & HANDLING	
SUBTOTAL	
GRAND TOTAL	

PAYMENT METHOD:

COD_____ Discover____

VISA_____ MASTERCARD_____ Amer. Express _____

CC#_____ Exp_____

SIGNATURE (required)_____

SHIPPING METHOD: Priority Post _____

UPS 2nd day _____ UPS next day _____

Express Mail _____ Parcel Post _____