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BLANK PATCH ORDER FORM

Company:_____PO#_____Date_____

Street_____City_____State_____Zip_____

Name_____Phone No._____Commercial: Yes____ No__

Visa/MC #_____Exp Date_____SVC #_____ Billing Zip_____

Billing Street #_____ E-mail_____

BORDER	FABRIC	BACKING	SIZE	QTY	CORNER TYPE	SHAPE		PRICE
black	white	n/w	2 x 4	50	rounded	oval		SAMPLE 0.47
kelly	white	h/s	3"	100	square	circle		SAMPLE 0.58