



G & J ENTERPRISES WHOLESALE LAMP PARTS

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If you have an idea.....
 We have the parts to make it happen!

Order Form

Bill To:

Name
 Address
 City, State, Zip
 Phone

Ship To:

Name
 Address
 City, State, Zip
 Phone

| Date | Your Order # | Our Order # | Customer ID | Ship Via | Terms | Tax ID |
|------|--------------|-------------|-------------|----------|-------|--------|
| | | | | | | |

| Quantity | Item | Units | Description | Taxable | Unit Price | Total |
|----------|------|-------|-------------|---------|------------|-------|
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|---------------|--|
| Subtotal | |
| Tax | |
| Shipping | |
| Miscellaneous | |
| Balance Due | |

REMITTANCE Customer ID: _____ Date: _____
 Amount Enclosed: _____ Check # _____
 Credit Card: Visa MC \$ _____
 Card # _____ Expires _____
 Name on Card (Please Print) _____

Signature _____

Office Use Only
 DR _____ Ship Date _____ UPS Tracking # _____