

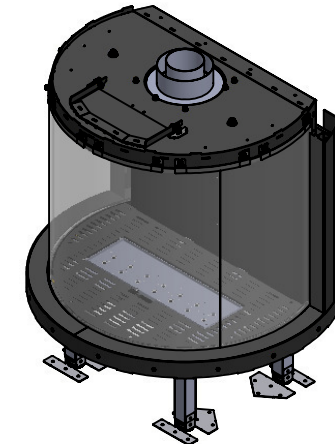
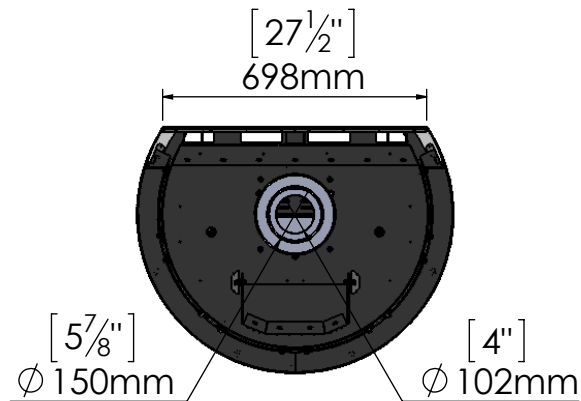
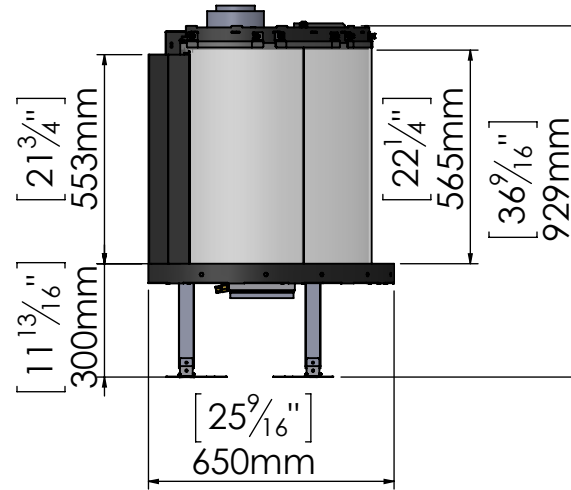
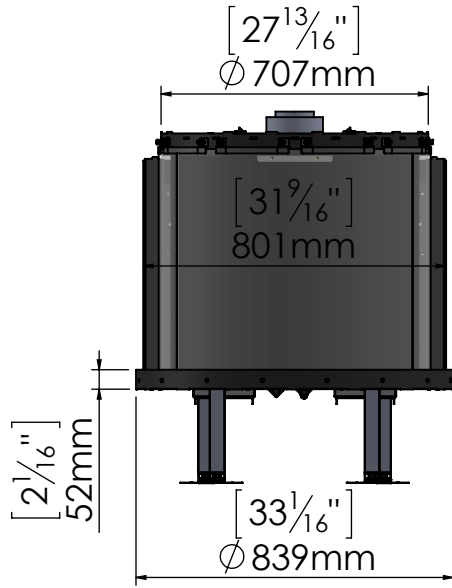
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Order No.(fill in by Ortal): _____

Customer Signature: _____ Date: _____

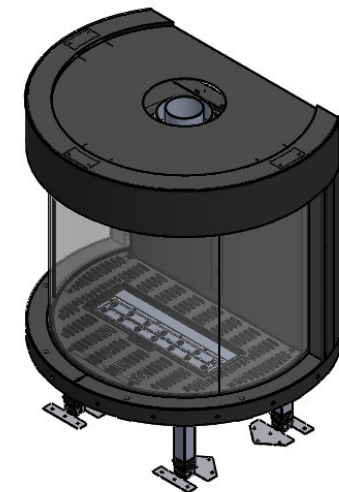
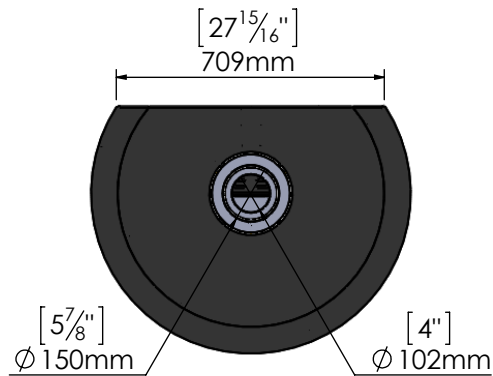
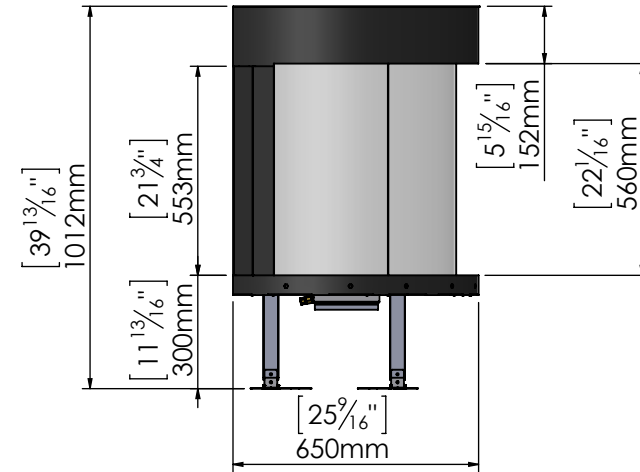
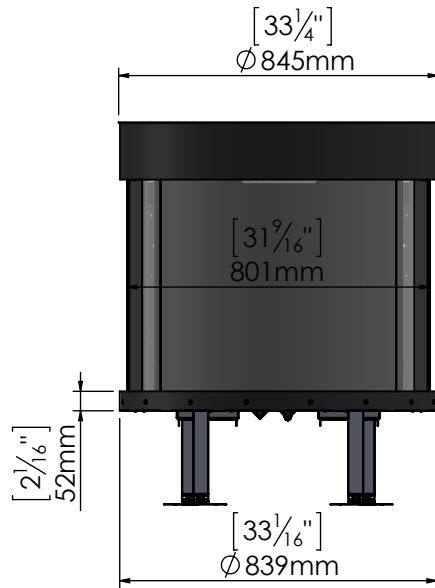
Marketing Representative Signature: _____ Date: _____

Circle 70 270



Circle 70 270

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Please Note:

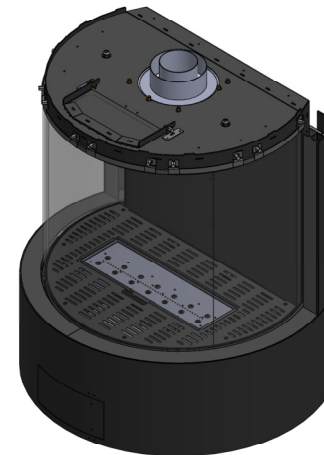
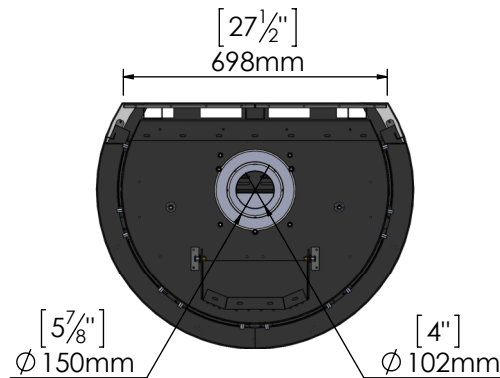
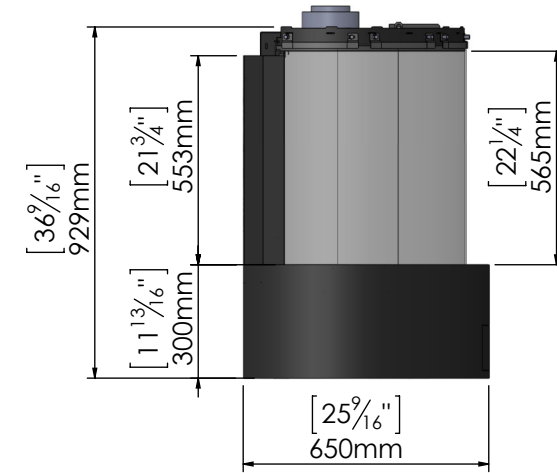
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Circle 70 270

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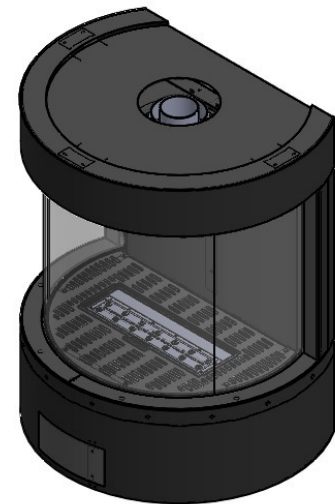
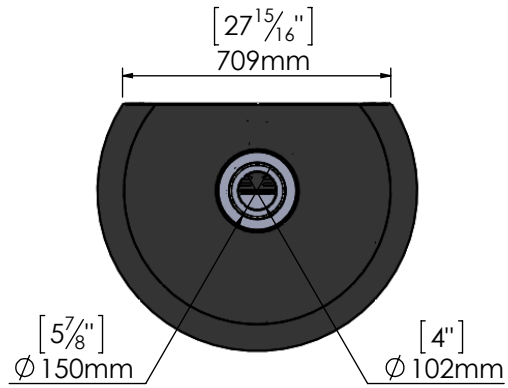
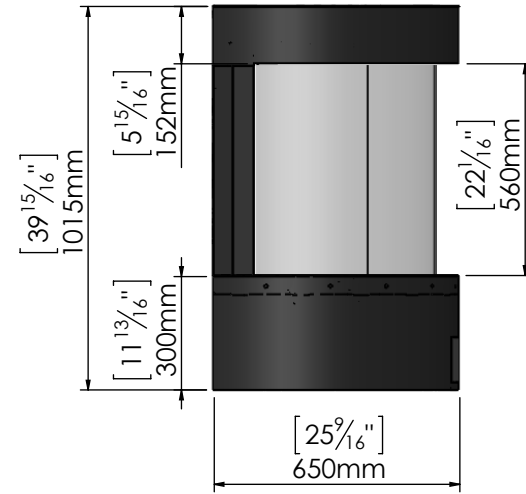
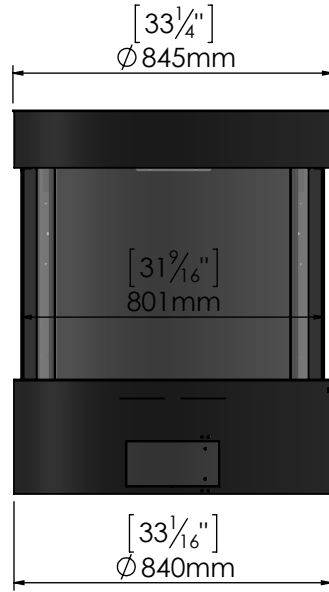
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