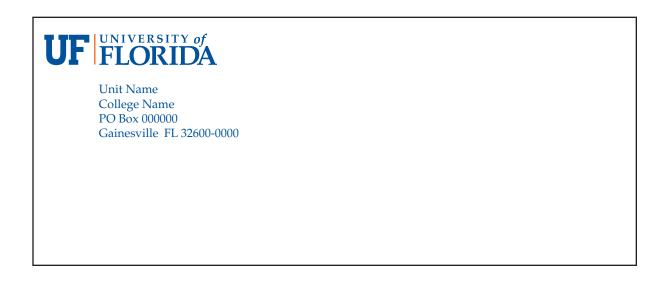
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PLEASE PRINT LEGIBLY OR TYPE YOUR INFORMATION BELOW:

| (The names and titles of individuals are not to be printed on envelopes) |
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| Department: |
| PO Box: |
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| Special Instructions: |
| Name & Phone # of Person Placing Order: |
| E-mail address to send proof: |
| |
| Quantity: 500 (minimum) 1000 Other (Per 500) Proof: Yes No |
| Payment Options: P-Card Send to Corcentric |
| ☐ PO # ☐ Dept. Id # |

This form is interactive, if you need help call 373-7547