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| Product Code | Description | Size | Quantity(Minimum of 20) |
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| Customer NameCustomer #  |  | Date Required  |  |
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| Contact Person |  | Contact Number  |  |
| Email Address |  |
| 2023 Orientation or ‘special selling days’  |  |

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| Product Code | Description | Size | Quantity(Minimum of 20) |
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Signature (customer representative) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Authorizing Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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