

Order Form

241 Main St, Hackensack NJ 07601 PH: 800.425.4778 201.342.9155 FAX: 201.342.1438 Submit completed form to: orders@clipstrip.com

Name: Address: Address: Phone: Fax: Phone: Fax: Email: Note: All orders will be shipped via ground service (best available rate) unless otherwise specified: QUANTITY ITEM # DESCRIPTION COST EXTENSION A\$10.00 small order charge will be applied to all orders under \$100.00. Shipping Charges will be added to invoice. TOTAL Wethod of payment: Viss Viss MasterCard Discover American American Payment Enclosed Pa	Date:							Requ	uested S	Ship Date	:			PO#				
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accept the terms and conditions as outlined in the section of the Clip Strip Corp. Catalog covering general terms and conditions.	Billing Address	(For Card)																
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Authorized Signature: Date:	Authorized Signature:											Da	te:					

Email completed form to: orders@clipstrip.com

Clip Strip Corp. 241 Main Street, 5th Flr, Hackensack, NJ 07601