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ORDER FORM

Ref: _____

Boat _____

Date _____

Delivery Date _____

Customer Name _____

Billing Address:

Ship Address:

Customer Phone _____

Bus. _____

Ship: UPS Motor Freight ADL Truck Pickup

Payment: VISA MC AMX DIS CHECK CASH SECURITY CODE _____

Credit Card _____ Exp _____

Name _____

Merchandise:

Customer Acceptance