



FLORIDA SOUTH

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ORDERED BY:

SHIP TO ADDRESS:

Contact Phone Number: _____

<u>Quantity</u>	<u>Description</u>	<u>Cost</u>	<u>Sales Tax</u>	<u>Shipping</u>	<u>Total</u>
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PAYMENT

Credit Card: Visa or MasterCard

Authorized Amount:

Credit Card Number:

Name on Credit Card:

Expiration Date:

Code:

Check:

Total Amount: