ORDER FORM

Rainbowkits

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New Ross, IN 47968

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www.rainbowkits.com -- info@rainbowkits.com

ORDER NO._____

Date_____

Name _____

Company _____

Address_____

City _____State _____ Zip Code _____

Phone (_____) _____Fax (_____)_____

email Address: _____ PO # _____

PART NO.	DESCRIPTION	QUAN	UNIT PRICE	TOTAL
			Total Amout of Goods	
			Shipping Charge	
			IN 7.0% Sales Tax	
			Total Enclosed	

CARD # _____

EXP. DATE _____ Security Code _____

SIGNATURE _____