Sales Order

BABY YAP YAP

Date _____

Order Taken By _____

Comments _____

Sold To		Ship To	
Address		Address	
City/State/Zip		City/State/Zip	
Telephone		Credit Card #	
Fax		Exp. Date	Sec. Code
E-mail		Name on Card	

		Newborn	0-3	3-6	6-12	12-18	18-24	24-36	48 mo		
Style	Color									Total Order	Unit Cost
										Total	

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