

Cust# Salesrep Terms PO # Ship Via Order date Ship date Cancel date

Buyers name : _____ **Email:** _____

Bill to: _____ **Ship to:** _____ **Phone:** _____

Total units: _____

Total cost: _____

Total retail: _____

Visa/MC: _____

Comments _____ **Expiration date / CVV code:** _____

Name on card: _____

Line	Style Name	Frame Color	Lens Color	Codes	Cost	Retail	Units	Extension
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STYLE EYES

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Line	Style Name	Frame Color	Lens Color	Codes	Cost	Retail	Units	Extension
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