

(COMPANY NAME)

PO:0000000000

Date: 00/00/0000

Fax: 000-000-0000

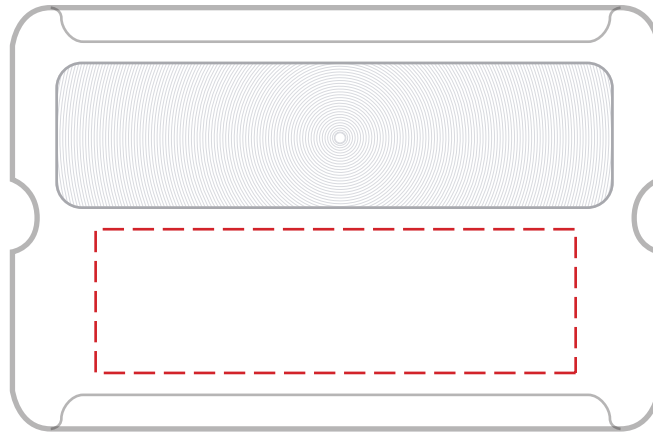
Attn: Name

2 1/2"

3/4"



IMPRINT AREA



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SIGNATURE

DATE

