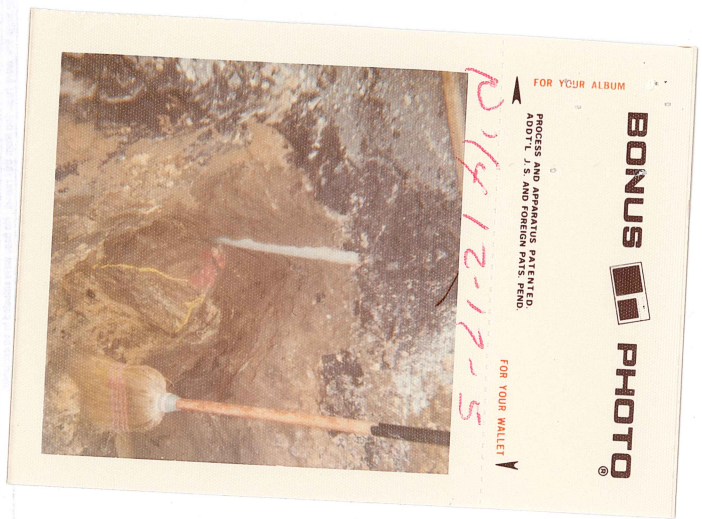




15T R14 12-17-5



R14 12-17-5

NAME	
ADDRESS	
CITY	
STATE	
ZIP	
PHONE	
ORDER NO.	
DATE	
QUANTITY	
PRICE	
TOTAL	
TAX	
AMOUNT	
PAYMENT	
REMARKS	