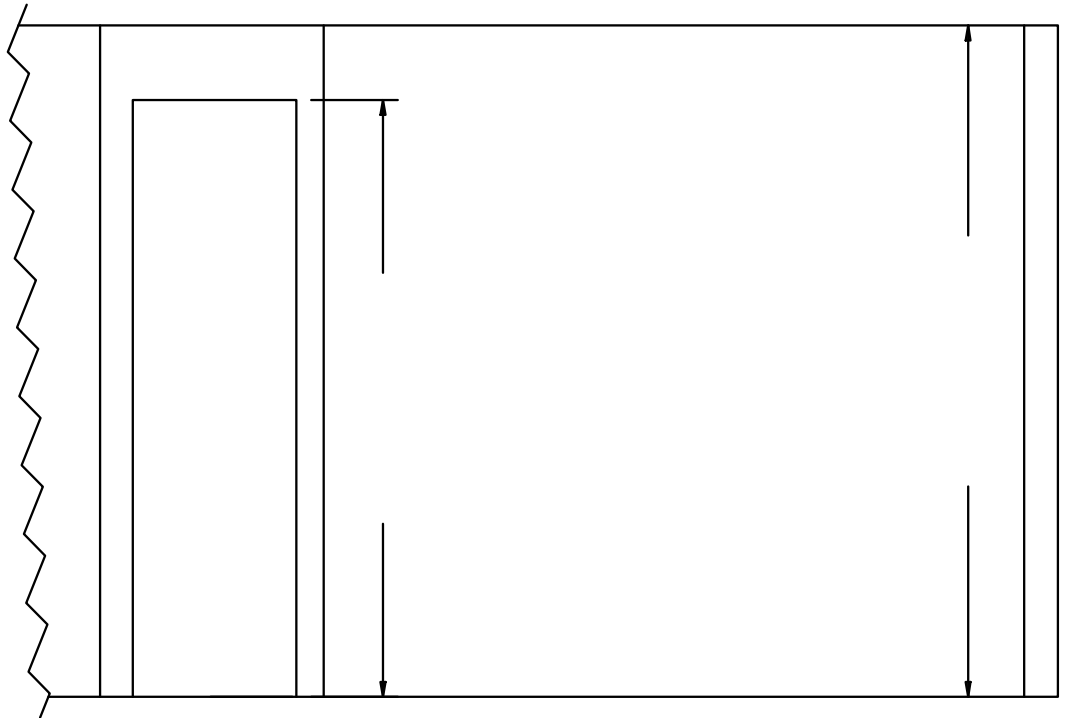
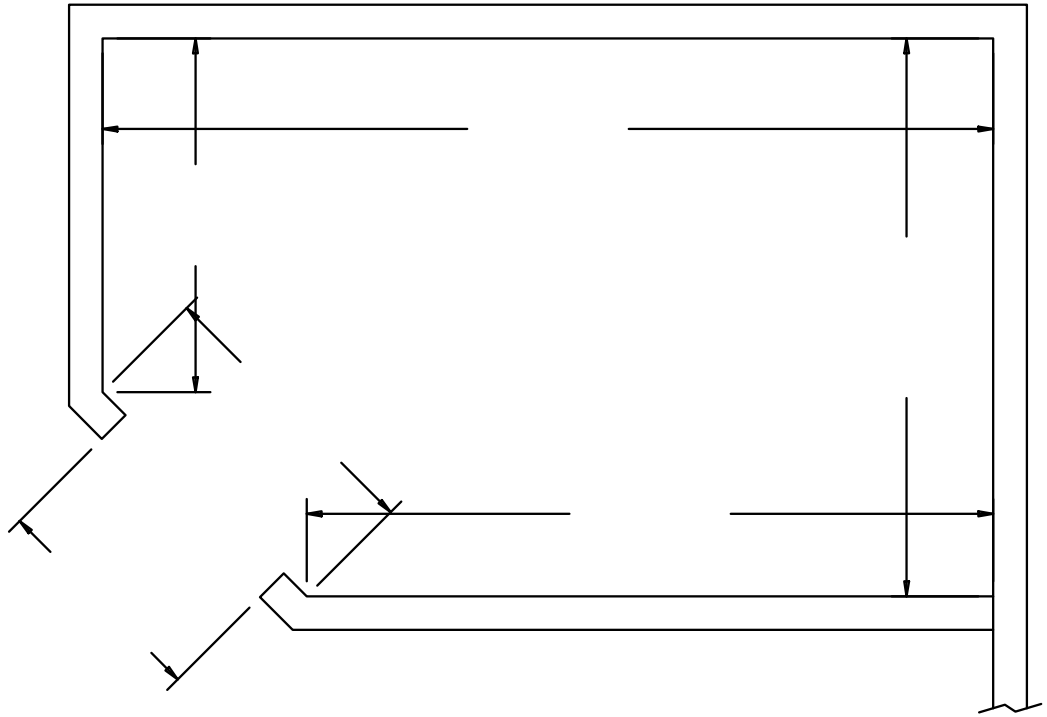


# CLOSET ORDER FORM

Job Name		
Address		
City	State	Zip
Day Phone	Cell Phone	

Store #	
Purchase Order #	
Order Date	Date Required
Sales Associate	

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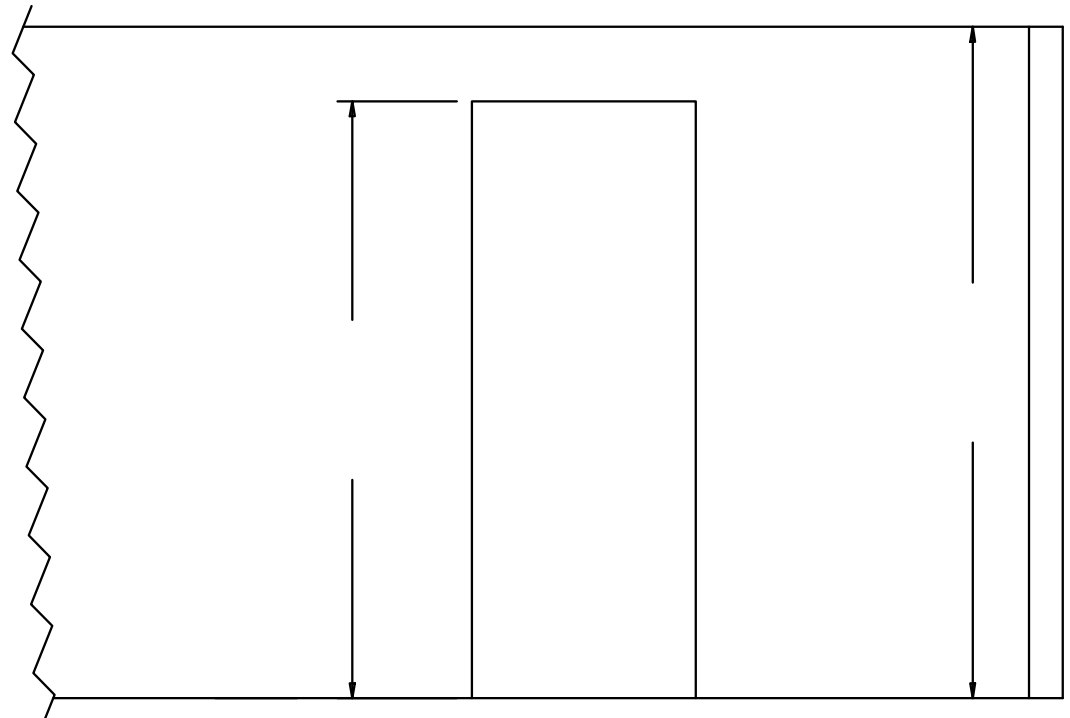
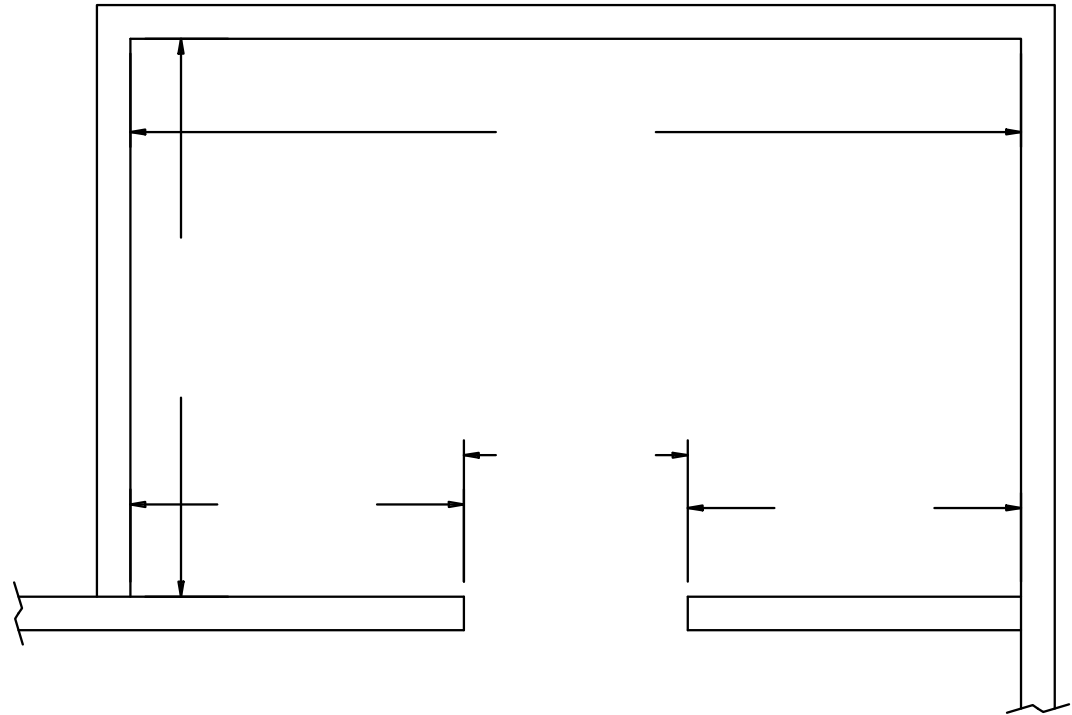


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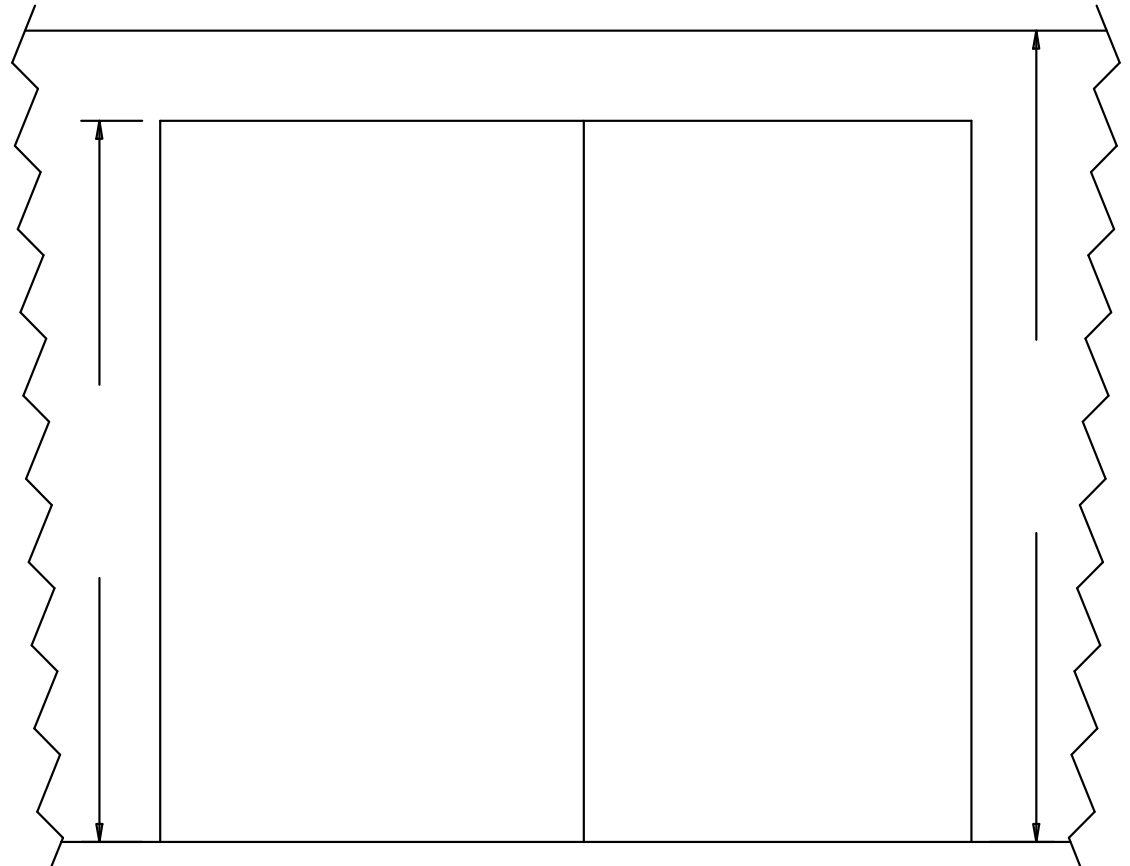
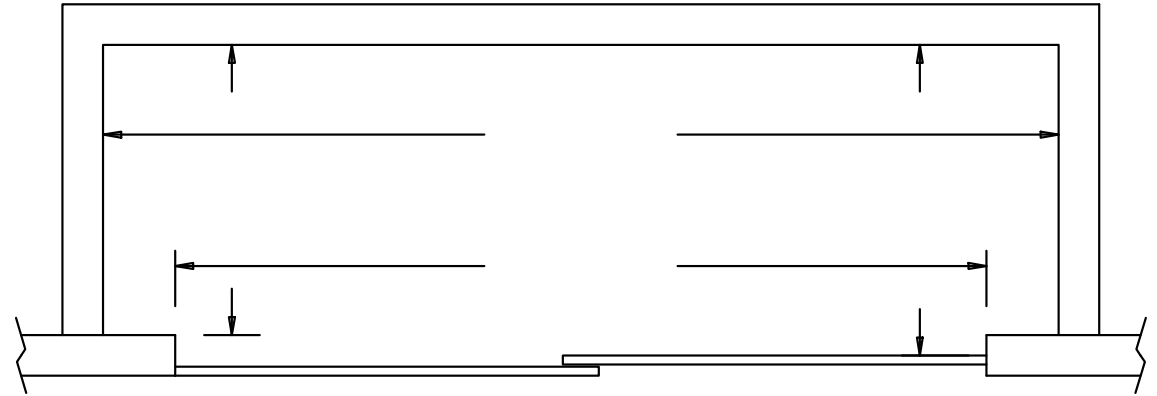
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