Up With Paper

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ORDER FORM

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www.upwithpaper.com

Bill To			Ship To		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Phone	Fax		Buyer Name		

Order Date:	☐ New Order ☐ Reorder	Ship Date:	Cancel Date:	Terms:	PO#:	Sales Rep:

☐Mastercard ☐Visa ☐ American Express

Acct#	Exp:	Signature:

Check for sample at N/C

Please order in increments of 6's

☑	ITEM# / DESCRIPTION	QTY	PRICE	☑	ITEM# / DESCRIPTION	QTY	PRICE

Minimum opening order: $200.00

Minimum re-order: $100.00

Thank you!

TOTAL