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SHIP T	Г О :	Residence	Business	PAYMENT METHOD (US Fur	nds Only)
Name				 Check enclosed payable to Speech Corner Schools, please fax or mail signed purchase order. Purchase Order No. Credit Card: Visa / MC / Discover / Amex 		
BILL T	O:	Same as s	shipping	Credit Card #		
Name				Expires: Month Year 3 or 4 digit CCV: Speech Corner's Taxpayer ID: 26-3027722		
ORDERING INFORMATION						
Qty.		#		n—Description P	Price Each	Total Price
					Subtotal	
AZ Residents 7.8% Sales Tax						



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