

two of a kind  
maternity

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MANUFACTURER: \_\_\_\_\_

SHIP TO: \_\_\_\_\_  
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BILL TO: \_\_\_\_\_  
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| DATE _____         | SEASON _____   |
| ORDER No. _____    | SHIP VIA _____ |
| SHIP DATE _____    | COMPLETE _____ |
| TERMS _____        |                |
| CONTACT NAME _____ |                |
| PHONE _____        | FAX _____      |

| STYLENO. | TOTAL | COLOR | DESCRIPTION | 32 | 34 | 36 | 38 | 40 | 42  | 44 | 46 | 48 | 50 | 52 | UNIT<br>COST | TOTAL |
|----------|-------|-------|-------------|----|----|----|----|----|-----|----|----|----|----|----|--------------|-------|
|          |       |       |             | P  | S  | M  | L  | XL | XXL | 1X | 2X | 3X | 4X |    |              |       |
|          |       |       |             | 4  | 6  | 8  | 10 | 12 | 14  | 16 | 18 | 20 | 22 | 24 |              |       |
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SPECIAL INSTRUCTIONS: