



ORDER FORM

Customer Name: \_\_\_\_\_  
 Bill to Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dealer Name: \_\_\_\_\_  
 Ship to Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Special Shipping Instructions: \_\_\_\_\_

P.O. Number \_\_\_\_\_ Breton Reference No.  Order Date \_\_\_/\_\_\_/\_\_\_ Date Required \_\_\_/\_\_\_/\_\_\_ Order Placed by \_\_\_\_\_ Phone ( ) \_\_\_ - \_\_\_\_\_  
 Fax ( ) \_\_\_ - \_\_\_\_\_

COLOR	DESCRIPTION (AIN)	NSN	ORDNANCE #	BRETON P/N	QUANTITY	UNIT PRICE	EXTENDED PRICE
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ALL ITEMS ARE COMMERCIAL PACKED AND ARE F.O.B. AMSTERDAM, N.Y. TERMS C.O.D. or IMPACT CARD AND MASTER CARD ACCEPTED.

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 Amsterdam, NY 12010

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