

# PURCHASE FORM

<b>SHIPPING</b>	<b>BILLING</b>
<p><b>RECIPIENT</b></p> <p>Name*:</p> <p>Last Name*:</p> <p><b>ADDRESS</b></p> <p>Address line 1*:</p> <p>Address line 2:</p> <p>City*:</p> <p>State*:</p> <p>Country*:</p> <p>Zip / Postal Code*:</p> <p>Delivery instructions:</p>	<p><b>HOLDER</b></p> <p>Name*:</p> <p>Last Name*:</p> <p><b>ADDRESS</b></p> <p>Address line 1*:</p> <p>Address line 2:</p> <p>City*:</p> <p>State*:</p> <p>Country*:</p> <p>Zip / Postal Code*:</p> <p>Tax code / VAT number*:</p>
<p>NOTES:</p>	

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