



225 Cadwalader Avenue Elkins Park, PA 19027



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: admin@guldenophthalmics.com

PO Number #: Order Date:			Company Name: Purchaser Name: Address:												
								Shipping N		No. N. C. C. Market Service Code 12					
								○ UPS Ground (Standard)*\$16.00 minimum* ○ UPS 2nd Day			Email:				
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	*All Shipping Charges are calcu	lated by Guiden based on your method cho	sen and will be charged to your prefe	erred payment	method.										
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			ment authorization is for	or the pro	ducts describ	ed above, for	the								
Card Number:			amount indicated above and the shipping charge calculated by Gulden. It is valid for one (1) time use only. I certify that I am an authorized user of this credit card. Otherwise, I have listed a shipping												
Exp:	Security Code:_		account where I would	like to be	charged bel	ow.	supping								
Zip Code:			China a												
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