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Job Number

Library of Congress
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Delivery Service Customer Account No.	Delivery Address Phone No. ()				
If Credit Card Payment: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover Credit Card No: - - - Expiration Date: /	I hereby note and accept the "Conditions of Order and Use." If applicable, credit card information is correct and payment will be made. I understand there are no returns, refunds, or exchanges after 30 days. Signature: _____				
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