

# AAGRAPEVINE, Inc.

## By-the-Month Order Form

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Quantity / Month / Year      Quantity / Month / Year      Quantity / Month / Year

_____/Jan./____	_____/May/____	_____/Sep./____
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_____/Mar./____	_____/Jul./____	_____/Nov./____
_____/Apr./____	_____/Aug./____	_____/Dec./____

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City/State/Province \_\_\_\_\_

Zip Code/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

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Check or Money Order enclosed \$ \_\_\_\_\_

Charge my VISA \_\_\_\_\_ MasterCard \_\_\_\_\_

Name on card \_\_\_\_\_

# \_\_\_\_\_ Exp. Date \_\_\_\_\_

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