

# DIXIEGRAPHICS

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## BAKELITE ORDER FORM

### BILLING/SHIPPING

**Job Description:**

Job No.: **PLATES:**  Use Cust. Acct. No.  
Customer PO No: **Ship Via:**  
Date: **PLATES Shipping Address:**  
Required Date:  
Company Name:  
Phone:  
Fax:  
Contact:  
E-mail:

### DIES

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**Total No. of Dies:**