



**SUNSHINE SHOES
ORDER FORM**
*****PLEASE DUPLICATE*****

STORE NAME: _____

EMAIL: _____

DELIVERY ADDRESS: _____

PH: _____

FAX: _____

STATE: _____ POSTCODE: _____

CUSTOMER ORDER NO: _____

DATE: _____

BRAND	STYLE	COLOUR	MONTH	5	-	6	-	7	-	8	-	9	-	10	-	11	-	12	-	13	PAIRS	PRICE

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