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|  | State Employees Association of North Carolina  1621 Midtown Place  Raleigh, NC 27609  Office: 919-833-6436  Toll Free: 800-222-2758  Fax: 919-829-5829  Contact Alicia Miller, CMP with questions on placing order | | | | | |
| **SEANC STORE ORDER** | | | | | | |
| District/Individual Order | | | | | | |
|  | | | | | | |
| Name | | | | | | |
| Address | | | | | | |
| City, State Zip | | | | | | |
| Phone | | | | | | |
| Email Address | | | | | | |
| Order Placed by (if different than above customer): | | | | | | |
| qty | | Size | description | | unit price | line total |
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|  | |  |  | | **SHIPPING FEE** | **$ 5.00** |
|  | |  |  | | **TOTAL** |  |
|  | |  |  | |  |  |
| Payment Details  🞏 Cash 🞏 Check 🞏 Credit Card  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Credit card number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Exp date CVV(back of card) | | | | Please sign to confirm order:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | |