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## Kid Os Order Sheet

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_ PO #: \_\_\_\_\_

Buyer: \_\_\_\_\_ Company Name: \_\_\_\_\_

Ship to: \_\_\_\_\_

# Street / Suite #

City

State

Zip

Phone #

Fax #

Email

Billing Address If Different: \_\_\_\_\_

# Street / Suite #

City

State

Zip

Phone #

Fax #

Email

	Size		Quantity
Kid Os	Length (mm)	Shoe Size	
Small	107	Child 9-11	_____
Medium	115	Adult m1-2 / w3-4	_____
Large	123	Adult m3-4 / w5-6	_____
Total Quantity:			_____