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GOLDEN RULE BINDERY INC.

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Textbook Rebind Order Form

School ______________________

Address ______________________

City ______________________

State/Province ________ Zip/Postal Code ________

District ______________________

Date ______________________

P.O. Number ______________________

Phone Number ______________________

Fax Number ______________________

Contact Name ______________________

Book Title	Quantity	Cloth Color	or PC?	If PC, ISBN Number (10 digit)

Book Title	Quantity	Cloth Color	or PC?	If PC, ISBN Number (10 digit)

To ensure that there are no delays in processing your order, it is best that we have someone who can be contacted during the summer who can answer questions regarding your order. Please provide a name and phone number or email address.

Contact Name ____________________ Phone Number ____________________

Email Address ____________________