



LUVC LLC

8816 Foothill Blvd, Suite 103-423 Rancho Cucamonga, CA 9173

Tel: 510.858.6568 sales@luvcus.com

ORDER DATE

SOLD TO [Name]

[Company Name] [Street Address] [City, ST ZIP Code]

[Phone]

SHIP TO [Name]

(if different from SOLD TO) [Company Name]

[Street Address] [City, ST ZIP Code]

[Phone]

PO NUMBER

SALESPERSON	SHIPPING	DELIVERY	PAYMENT

KU#	DESCRIPTION	UNIT PRICE	Qty	DISCOUNT	TOTAL
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
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					\$
					\$
					\$ -
·				SUBTOTAL	\$ -
				SALES TAX	
				SHIPPING	

TOTAL \$