

ADSJ Judge's Invoice Pads

Please forward _____ Invoice Pad(s) (50 NCR sets per pad). First Pad \$15.00, additional pads \$10.00 ea on same order, limit 3 pads per order, to:

Name _____

Address _____

City _____ State _____ Zip Code _____

* Includes shipping and handling.

Amount enclosed _____

Please make checks payable to: ADSJ

Mail order to:

Debra Thornton

118 Cambridge Dr

Rincon, GA 31326-4008