

Bill To \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone/Fax \_\_\_\_\_  
 Salesman \_\_\_\_\_

Ship To \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Purchase Order \_\_\_\_\_  
 Requested Ship Date \_\_\_\_\_  
 Cancel Date \_\_\_\_\_

**Wayne Carver™**

2412 Grant Ave., Rockford IL 61103  
**Toll Free: 800-573-7123**  
**Fax: 815-397-0003**  
 email: sales@waynecarver.com

# EXPLORER KNIFE REORDER FORM

<input type="checkbox"/> A	<input type="checkbox"/> Cameron	<input type="checkbox"/> Dylan	<input type="checkbox"/> Jack	<input type="checkbox"/> Josiah	<input type="checkbox"/> Miguel	<input type="checkbox"/> Shane	<input type="checkbox"/> DAD
<input type="checkbox"/> Aaron	<input type="checkbox"/> Carlos	<input type="checkbox"/> E	<input type="checkbox"/> Jackson	<input type="checkbox"/> Juan	<input type="checkbox"/> Mike	<input type="checkbox"/> Shawn	<input type="checkbox"/> GONE FISHI
<input type="checkbox"/> Adam	<input type="checkbox"/> Carson	<input type="checkbox"/> Ed	<input type="checkbox"/> Jacob	<input type="checkbox"/> Julian	<input type="checkbox"/> Morgan	<input type="checkbox"/> Stephen	<input type="checkbox"/> I (H) YOU
<input type="checkbox"/> Adrian	<input type="checkbox"/> Carter	<input type="checkbox"/> Edgar	<input type="checkbox"/> Jaden	<input type="checkbox"/> Justin	<input type="checkbox"/> N	<input type="checkbox"/> Steve	<input type="checkbox"/> PAPA
<input type="checkbox"/> Aiden	<input type="checkbox"/> Casey	<input type="checkbox"/> Eduardo	<input type="checkbox"/> Jake	<input type="checkbox"/> K	<input type="checkbox"/> Nathan	<input type="checkbox"/> Steven	<input type="checkbox"/> THE BOSS
<input type="checkbox"/> Alan	<input type="checkbox"/> Charles	<input type="checkbox"/> Edward	<input type="checkbox"/> James	<input type="checkbox"/> Keith	<input type="checkbox"/> Nathaniel	<input type="checkbox"/> T	<input type="checkbox"/> WG DAD
<input type="checkbox"/> Alejandro	<input type="checkbox"/> Chase	<input type="checkbox"/> Edwin	<input type="checkbox"/> Jamie	<input type="checkbox"/> Kelly	<input type="checkbox"/> Nicholas	<input type="checkbox"/> Taylor	_____
<input type="checkbox"/> Alex	<input type="checkbox"/> Chris	<input type="checkbox"/> Eli	<input type="checkbox"/> Jared	<input type="checkbox"/> Kenneth	<input type="checkbox"/> Nick	<input type="checkbox"/> Thomas	_____
<input type="checkbox"/> Alexander	<input type="checkbox"/> Christian	<input type="checkbox"/> Elijah	<input type="checkbox"/> Jason	<input type="checkbox"/> Kevin	<input type="checkbox"/> Noah	<input type="checkbox"/> Tim	_____
<input type="checkbox"/> Allen	<input type="checkbox"/> Christopher	<input type="checkbox"/> Eric	<input type="checkbox"/> Javier	<input type="checkbox"/> Kyle	<input type="checkbox"/> Oscar	<input type="checkbox"/> Timothy	_____
<input type="checkbox"/> Andres	<input type="checkbox"/> Cody	<input type="checkbox"/> Ethan	<input type="checkbox"/> Jay	<input type="checkbox"/> L	<input type="checkbox"/> Owen	<input type="checkbox"/> Todd	_____
<input type="checkbox"/> Andrew	<input type="checkbox"/> Cole	<input type="checkbox"/> Evan	<input type="checkbox"/> Jayden	<input type="checkbox"/> Landon	<input type="checkbox"/> P	<input type="checkbox"/> Tom	_____
<input type="checkbox"/> Andy	<input type="checkbox"/> Colin	<input type="checkbox"/> Fernando	<input type="checkbox"/> Jeff	<input type="checkbox"/> Leo	<input type="checkbox"/> Patrick	<input type="checkbox"/> Travis	_____
<input type="checkbox"/> Anthony	<input type="checkbox"/> Conner	<input type="checkbox"/> Francisco	<input type="checkbox"/> Jeffrey	<input type="checkbox"/> Levi	<input type="checkbox"/> Paul	<input type="checkbox"/> Trevor	_____
<input type="checkbox"/> Antonio	<input type="checkbox"/> Connor	<input type="checkbox"/> Frank	<input type="checkbox"/> Jeremy	<input type="checkbox"/> Liam	<input type="checkbox"/> Peter	<input type="checkbox"/> Troy	_____
<input type="checkbox"/> Austin	<input type="checkbox"/> Corey	<input type="checkbox"/> G	<input type="checkbox"/> Jesse	<input type="checkbox"/> Logan	<input type="checkbox"/> Phillip	<input type="checkbox"/> Tyler	_____
<input type="checkbox"/> Avery	<input type="checkbox"/> D	<input type="checkbox"/> Gabriel	<input type="checkbox"/> Jesus	<input type="checkbox"/> Louis	<input type="checkbox"/> R	<input type="checkbox"/> Victor	_____
<input type="checkbox"/> B	<input type="checkbox"/> Dan	<input type="checkbox"/> Garrett	<input type="checkbox"/> Jim	<input type="checkbox"/> Lucas	<input type="checkbox"/> Richard	<input type="checkbox"/> Vincent	_____
<input type="checkbox"/> Ben	<input type="checkbox"/> Daniel	<input type="checkbox"/> Gavin	<input type="checkbox"/> Jimmy	<input type="checkbox"/> Luis	<input type="checkbox"/> Rick	<input type="checkbox"/> W	_____
<input type="checkbox"/> Benjamin	<input type="checkbox"/> Danny	<input type="checkbox"/> George	<input type="checkbox"/> Joe	<input type="checkbox"/> Luke	<input type="checkbox"/> Rob	<input type="checkbox"/> Wesley	_____
<input type="checkbox"/> Bill	<input type="checkbox"/> Dave	<input type="checkbox"/> Grant	<input type="checkbox"/> Joel	<input type="checkbox"/> M	<input type="checkbox"/> Robert	<input type="checkbox"/> William	_____
<input type="checkbox"/> Blake	<input type="checkbox"/> David	<input type="checkbox"/> Grayson	<input type="checkbox"/> John	<input type="checkbox"/> Manuel	<input type="checkbox"/> Ryan	<input type="checkbox"/> Wyatt	_____
<input type="checkbox"/> Bob	<input type="checkbox"/> Dennis	<input type="checkbox"/> Harry	<input type="checkbox"/> Johnny	<input type="checkbox"/> Marcus	<input type="checkbox"/> S	<input type="checkbox"/> Xavier	_____
<input type="checkbox"/> Bradley	<input type="checkbox"/> Derek	<input type="checkbox"/> Hayden	<input type="checkbox"/> Jonathan	<input type="checkbox"/> Mario	<input type="checkbox"/> Sam	<input type="checkbox"/> Zachary	_____
<input type="checkbox"/> Brandon	<input type="checkbox"/> Devin	<input type="checkbox"/> Henry	<input type="checkbox"/> Jordan (m)	<input type="checkbox"/> Mark	<input type="checkbox"/> Samuel	<input type="checkbox"/> #1 BROTHE	_____
<input type="checkbox"/> Brian	<input type="checkbox"/> Diego	<input type="checkbox"/> Hunter	<input type="checkbox"/> Jorge	<input type="checkbox"/> Mason	<input type="checkbox"/> Santiago	<input type="checkbox"/> #1 DAD	_____
<input type="checkbox"/> Bryan	<input type="checkbox"/> Dillon	<input type="checkbox"/> Ian	<input type="checkbox"/> Jose	<input type="checkbox"/> Matt	<input type="checkbox"/> Scott	<input type="checkbox"/> #1 DAUGHT	_____
<input type="checkbox"/> C	<input type="checkbox"/> Dominic	<input type="checkbox"/> Isaac	<input type="checkbox"/> Joseph	<input type="checkbox"/> Matthew	<input type="checkbox"/> Sean	<input type="checkbox"/> #1 GRANDP	_____
<input type="checkbox"/> Caleb	<input type="checkbox"/> Donald	<input type="checkbox"/> Ivan	<input type="checkbox"/> Josh	<input type="checkbox"/> Max	<input type="checkbox"/> Sebastian	<input type="checkbox"/> #1 SON	_____
<input type="checkbox"/> Calvin	<input type="checkbox"/> Dustin	<input type="checkbox"/> J	<input type="checkbox"/> Joshua	<input type="checkbox"/> Michael	<input type="checkbox"/> Seth	<input type="checkbox"/> BLANK	_____