C/W R.O.	PART DESCRIPTION	ADVISOR NAME	PAID IN FULL

Write your name, clas

PLEASE POST YOUR 20 OLDEST SOP'S

DATE ORDERED	DATE ARRIVED	DATE CUST NOTIFIED	APPT DATE

ss # and brand in the Yellow Box on the top right.

Please email this excel file to bcrossin@nada

TOTAL DAYS ON SHELF	COST $	RETURN TO OE DATE	PUT IN STOCK DATE
	0		

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PLEASE POST YOUR 20 OLDEST SOP'S