Sector Type, Organization type, Business Type	Address Line 1: Agency/Organization Name (30 characters only)	Address Line 2: Name (First name, last name)	Address Line 3: Street Address (Delivery Address)	City	State	Zip (5 Digits)	Item	Number of Face Covers (multiples of 500)	Number of Cartons (500 Face Covers per carton)	POC Phone Number	POC E-mail	Delivery Instructions
							ATTN: Face Coverings					