

Order/Fax Form

Name: _____

Address: _____

City: _____ State: ____ Zip: _____ - _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

E-Mail: _____

Catalog Name: _____ Page # _____

Quantity: _____ Product # _____ Description: _____

Product Color: _____ Imprint Color: _____

Today's Date: _____ Need in hand by: _____

Imprint

Line 1: _____

Line 2: _____

Line 3: _____

Line 4: _____

Line 5: _____

Line 6: _____

Line 7: _____

Quantity	Unit Cost	Total Cost
	Set-Up	
	Shipping	
	Tax 6% PA only	
	Total Due	

Special Instructions

Logo placement: _____ Custom Logo []

Proof Read by: X _____