

ORDER DATE:			START SHI	P DATE:	SHIP BY DATE:		
CUSTOMER PO# *START SHIP/DUE DA	TF= 2 WFFKS	MINIMUM FROM DATE O			SALES REP PHONE NUMBER DATE= 3 WEEKS MINIMUM FROM DAT		-
BILL TO:			NO TREGET	ı			
DDRESS:				SHIP TO:ADDRESS:			
ITY: ONTACT:		STATE: ZIP:		CITY: CONTACT:	STAT <u>E:</u> ZIP:		
HONE:		FAX:		PHONE:	FAX:		
EMAIL ADDRESS:  □ COD until Net 30 approval (attach references) □ Hold for Net 30 approval (attach references) □ Approved Net 30 □ Other				EMAIL ADDRESS:  SHIP VIA: □ UPS □ 3RD DAY □ 2ND DAY □ PRIORITY MAIL □ AIR PARCEL POST □ MUST SHIP COMPLETI □ BACKORDER OK OTHER			
ASE COLOR	SKU	DESIGN#	ICON	NAMEDR	OP QUANTITY	(50 PC MINIMUM/COLORWAY)	COST
						,	
			1				
DEGLAL INICEDIA							
ECIAL INSTRUCTION	NS:						1
ERMS & CONDITIONS						TOTAL	
erest on past due balances is	charged at 1 1/2%	e added to amount due should we pr	rougil in a court of law		CUSTOMER SIGNATURE: PRINT NAME:		