

## **Order Form**

Fax: 760-941-8128

Name: Address:			Ship to:	Ship to:		
			Name:			
						City:
Phone #:		Fax #:		Email:		
roduct Information:						
st Item:  Description:			Qty:	Unit Price:	Set Up :	
Product Color:			Imprint Col	ors:		
nd Item:  Description:			Qty:	Unit Price:	Set Up :	
Product Color:	· · · · · · · · · · · · · · · · · · ·		Imprint Col	ors:		
ord Item:  Description:			Qty:	Unit Price:	_ Set Up :	
Product Color:			Imprint Col	lors:		
Date Needed:						
Artwork: Enclosed Sent via Email	and ** A	white line artwork). I Artwork sent via emai	No photo copies or fa	llustrator saved as an ep		
Personalization:						
Payment:  VISA Mast	ercard	Amex	* Check	* Money Order	** School P.O.	
	Credit Card #					
Name as it appears of	on card		Signature			

<sup>\*</sup> If sending a check or money order, please call for an estimate on freight charges.

<sup>\*\*</sup> If you using a school purchase order, include copy with order form