



# 24 HOUR ORDERING SERVICE

USE THIS HANDY ORDER GUIDE FORM WHEN YOU:  
CALL, E-MAIL, OR FAX IN YOUR ORDERS TOLL FREE

ORDER DATE	PURCHASE ORDER NUMBER:		
COMPANY			
BILL TO ADDRESS			
CITY	STATE:	ZIP:	
ORDERED BY			
SHIP TO ADDRESS			
ACCOUNT NO.	SHIP VIA	EMAIL ADDRESS	
QUANTITY ORDERED	DESCRIPTION OR MESSAGE	PRICE	AMOUNT

On credit card orders, indicate:  VISA  MC  DISC  AMEX Expiration date: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV#: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Print full name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

e-mail: \_\_\_\_\_

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