



**ORDER FORM**

- After printing this form, please complete it and fax it to **954.987.0559**
- If you have any questions, feel free to email us: **promos@vendodirect.com**
- Or give us a call at **1.800.944.PEN1 (7361)**

<b>Bill To</b>	First Name _____ Last Name _____ Company _____ Address _____ City _____ State/Province _____ Zip/Postal Code _____ Country _____ Phone # ( ) _____ Fax # ( ) _____ Email _____	
<b>Ship To (if different)</b>	First Name _____ Last Name _____ Company _____ Address _____ City _____ State/Province _____ Zip/Postal Code _____ Country _____	
<b>Product Info.</b>	Item Description _____ Item # _____ Quantity _____ Unit Price \$ _____	<b>Imprint Info.</b>
<b>Artwork Instructions</b>	Input text for the imprint area (if any): Line 1 _____ Line 2 _____ Line 3 _____ Line 4 _____ Line 5 _____	Item Color _____ Imprint Color _____ Additional Imprint Color _____ Additional Color Price \$ _____
<b>Payment Information</b>	Select Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express Credit Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Name on Credit Card _____ Exp. Date ____/____ Cardholder's Signature _____ CIN # <input type="text"/> <input type="text"/> <input type="text"/> <small>3 digits-front of AMEX; back of VISA/MC</small>	
<b>Shipping Instructions</b>	Select Shipping Method: <input type="checkbox"/> Standard <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS 2-Day <input type="checkbox"/> UPS 3-Day <input type="checkbox"/> UPS Overnight	Exact Date Needed By: _____ Special Shipping Instructions: _____ _____ _____