SALES ORDER #:	ILLUSTRATF	RUSH ORDER:
FOR OFFICE HOF ONLY	PRINKWAR	DUE DATE:
FOR OFFICE USE ONLY:		DOES NOT INCLUDE SHIP TIME 25% Service Fee Applied PLEASE CHECK THE BOX OR IT
RECEIVED:	**a \$5 charge applies if order form is not filled out correct PLEASE READ ORDER FORM THOROUGHLY BEFORE FILLING O	Shipping Selection:
Distributor Name:		OVERNIGHT:
		SATURDAY:
City/State/Zip:		
Phone:	Contact:	Please Fax/Email Proof
Customer Name or	PO#:	
NORN		You MUST provide a fax or email
Name:	***Only IF order is to be DROPSHIPPED elsewhe	re***
Street Address:		
City/State/Zip:		
Phone:		
	***Please Fill out All spaces provided	
Quantity:	Type of Cup:_	
Ounce Size:	Cup Color:	
Ink Color:	Font:	
	RE-ORDER	
	Check the box	
	if this is a re-order.	
	Illustrate desired position of message or logo Underline letters to be CAPITALIZED When Providing Customer Artwork send BLACK & WHITE	
	ONLYNo FAXES, NO GREY Scale, NO COLOR ART!! FAX: 1888.671.4417 2 FREE PROOFS!!	
	\$7 FEE AFTER EACH ADDTIONAL	

PLEASE MAKE COPIES & KEEP ON FILE TO USE!
PLEASE NOTE: YOU ARE RESPONSIBLE FOR ANY GRAMMATICAL ERRORS.

SALES ORDER #:		
	ILLUSTRATE	RUSH ORDER:
	PRINKWARE	DUE DATE:(10 Working DAYS)
FOR OFFICE USE ONLY:	1, 222, 1, 2, 1, 1, 1,	DOES NOT INCLUDE SHIP TIME 25% Service Fee Applied
RECEIVED:	ORDER FORM: 810 Koozies	PLEASE CHECK THE BOX OR IT WILL OCCUR IN NORMAL PROCESSING!
	NO PANTONE COLORS	Shipping Selection:
	**a \$5 charge applies if order form is not filled out correctl PLEASE READ ORDER FORM	GROUND:
D' ('I) DI	THOROUGHLY BEFORE FILLING O	
Distributor Name: _		OVERNIGHT: SATURDAY:
Street Address:		
		Please Fax/Email Proof
	Contact:	
Customer Name or I	PO#:	
NORM	AL PROCESSING TIME	You MUST provide a fax or email
Name:	***Only IF order is to be DROPSHIPPED elsewher	re***
Street Address:		
Phone:		NAMES TO A TO
	Please Fill out All spaces provided	*
Quantity:		
Ink Color:	Igloo Color/#	<u> </u>
	RE-ORDER	
	Check the box	
	if this is a re-order.	
	Illustrate desired position of message	
	or logo	
	Underline letters to be CAPITALIZED	
	When Providing Customer	
	Artwork send BLACK & WHITE ONLYNo FAXES, NO GREY Scale,	
	NO COLOR ART!!	
-	FAX: 1888.671.4417	
	2 FREE PROOFS!! \$7 FEE AFTER EACH ADDTIONAL	
	3/ FEE AF IER EACH ADDITIONAL	

PLEASE MAKE COPIES & KEEP ON FILE TO USE!
PLEASE NOTE: YOU ARE RESPONSIBLE FOR ANY GRAMMATICAL ERRORS.

SALES ORDER #: FOR OFFICE USE ONLY: RECEIVED:	ILLUSTRATED RINKWAR CORDER FORM: 810 NAPKINS NO PANTONE COLORS	RUSH ORDER: DUE DATE: (10 Working DAYS) DOES NOT INCLUDE SHIP TIME 25% Service Fee Applied PLEASE CHECK THE BOX OR IT WILL OCCUR IN NORMAL PROCESSING! Shipping Selection:
	**a \$5 charge applies if order form is not filled out correctl PLEASE READ ORDER FORM	GROUND:
	THOROUGHLY BEFORE FILLING O	OVERNIGHT:
City/State/Zip:		
Phone:	Contact:	Please Fax/Email Proof
Customer Name or	PO#:	
Name: Street Address: City/State/Zip: Phone:* Napkin Color:	***Only IF order is to be DROPSHIPPED elsewhere ***Please Fill out All spaces provided*	*** Beverage
		Luncheon
Font:		Dinner
RE-ORDER Check the box if this is a re-order.		Illustrate desired position of message or logo Underline letters to be CAPITALIZED When Providing Customer Artwork send BLACK & WHITE ONLYNo FAXES, NO GREY Scale, NO COLOR ART!! FAX: 1888.671.4417

PLEASE MAKE COPIES & KEEP ON FILE TO USE! PLEASE NOTE: YOU ARE RESPONSIBLE FOR ANY GRAMMATICAL ERRORS.

2 FREE PROOFS!! \$7 FEE AFTER EACH ADDTIONAL

SALES ORDER #: **RUSH ORDER:** (10 Working DAYS) FOR OFFICE USE ONLY: DOES NOT INCLUDE SHIP TIME 25% Service Fee Applied ORDER FORM: 810 RECEIVED: PLEASE CHECK THE BOX OR IT WILL OCCUR IN NORMAL PROCESSING **GUEST NAPKINS** NO PANTONE COLORS **Shipping Selection:** **a \$5 charge applies if order form is not filled out correctly** **GROUND:** PLEASE READ ORDER FORM THOROUGHLY BEFORE FILLING OUT! 2ND DAY: Distributor Name: **OVERNIGHT:** SATURDAY: Street Address: City/State/Zip: _____ Please Fax/Email Proof Phone: _____Contact: ____ Customer Name or PO#: _____ You MUST provide a fax or email ***Only IF order is to be DROPSHIPPED elsewhere*** Name: ____ Street Address: City/State/Zip: ______ **GUEST NAPKIN** Phone: ______ ***Please Fill out All spaces provided*** Napkin Color: _____ Ink Color: Quantity: Font: _____ Illustrate desired position of message RE-ORDER or logo in the box Underline letters to be **CAPITALIZED** Check the box if this is a re-order. When Providing Customer Artwork send BLACK & WHITE ONLY....No FAXES, NO GREY Scale, Please specify how you want NO COLOR ART!! artwork placed on the napkin.

PLEASE MAKE COPIES & KEEP ON FILE TO USE

FAX: 1888.671.4417

2 FREE PROOFS!! \$7 FEE AFTER EACH ADDTIONAL

Straight or Diagonal.

PLEASE NOTE: YOU ARE RESPONSIBLE FOR ANY GRAMMATICAL ERRORS.