SALES ORDER # :

FOR OFFICE USE ONLY:

RECEIVED:

ILLUSTRATED DRINKWARE

ORDER FORM: 810

a $5 charge applies if order form is not filled out correctly

PLEASE READ ORDER FORM THOROUGHLY BEFORE FILLING OUT!

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:

GROUND: ☐

2ND DAY: ☐

OVERNIGHT: ☐

SATURDAY: ☐

Distributor Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Contact: _____

Customer Name or PO#: _____

☐ NORMAL PROCESSING TIME

Please Fax/Email Proof

☐ _____

You MUST provide a fax or email

Only IF order is to be DROPSHIPPED elsewhere

Name: _____

Street Address: _____

City/State/Zip: _____

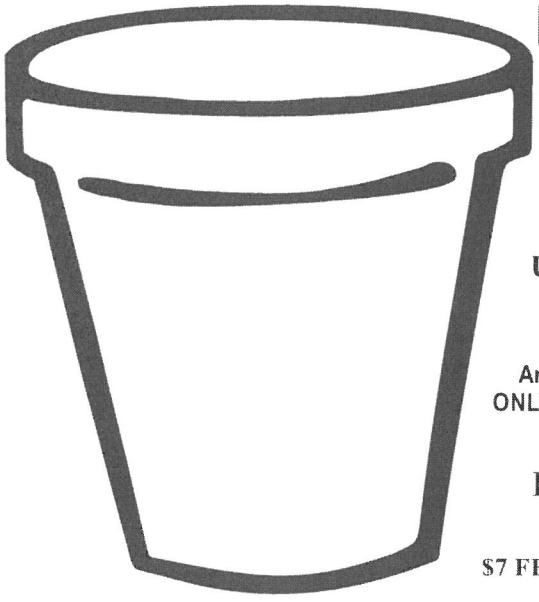
Phone: _____

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 ONLY....No 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 # :

FOR OFFICE USE ONLY:

RECEIVED:

ILLUSTRATED DRINKWARE

ORDER FORM: 810

Koozies

NO PANTONE COLORS

a $5 charge applies if order form is not filled out correctly

PLEASE READ ORDER FORM THOROUGHLY BEFORE FILLING OUT!

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:

GROUND: ☐

2ND DAY: ☐

OVERNIGHT: ☐

SATURDAY: ☐

Distributor Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Contact: _____

Customer Name or PO#: _____

Please Fax/Email Proof ☐

_____

You MUST provide a fax or email

☐ NORMAL PROCESSING TIME

Only IF order is to be DROPSHIPPED elsewhere

Name: _____

Street Address: _____

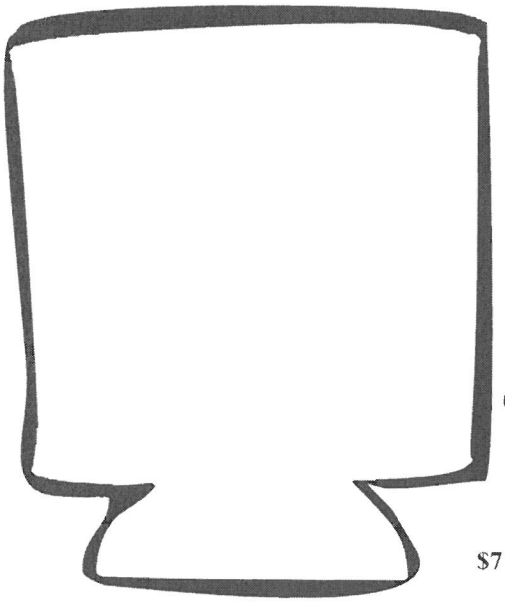
City/State/Zip: _____

Phone: _____

Please Fill out All spaces provided

Quantity: _____ Font: _____

Ink Color: _____ Igloo Color/#: _____



☐ RE-ORDER

Check the box if this is a re-order.

Illustrate desired position of message or logo

Underline letters to be CAPITALIZED

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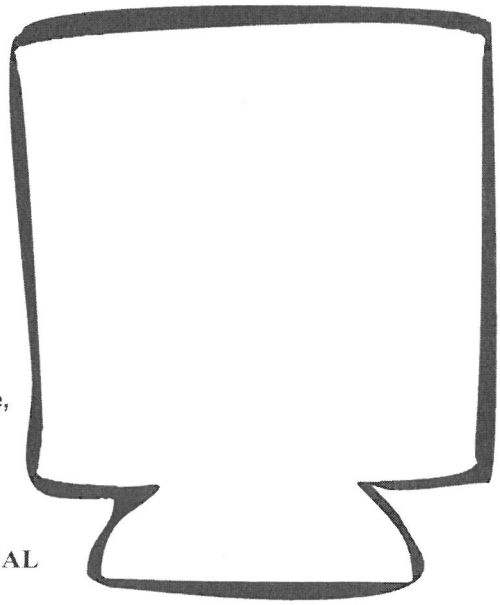

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SALES ORDER # :

FOR OFFICE USE ONLY:

RECEIVED:

ILLUSTRATED DRINKWARE

ORDER 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!

a $5 charge applies if order form is not filled out correctly

PLEASE READ ORDER FORM THOROUGHLY BEFORE FILLING OUT!

Shipping Selection:

GROUND: ☐

2ND DAY: ☐

OVERNIGHT: ☐

SATURDAY: ☐

Distributor Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Contact: _____

Customer Name or PO#: _____

Please Fax/Email Proof ☐

_____

You MUST provide a fax or email

☐ NORMAL PROCESSING TIME

Only IF order is to be DROPSHIPPED elsewhere

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Please Fill out All spaces provided

Napkin Color: _____

Ink Color: _____

Quantity: _____

Font: _____

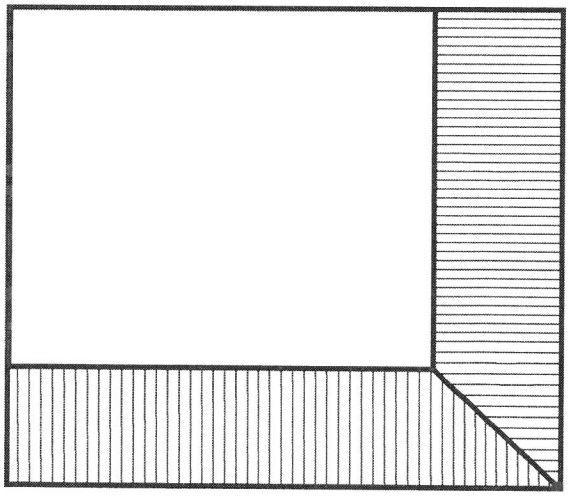
☐ Beverage

☐ Luncheon

☐ 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 ONLY....No FAXES, NO GREY Scale, NO COLOR ART!!

FAX: 1888.671.4417

2 FREE PROOFS!!
$7 FEE AFTER EACH ADDTIONAL

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SALES ORDER # :

FOR OFFICE USE ONLY:

RECEIVED:

ILLUSTRATED DRINKWARE

ORDER FORM: 810

GUEST NAPKINS

NO PANTONE COLORS

a $5 charge applies if order form is not filled out correctly

PLEASE READ ORDER FORM THOROUGHLY BEFORE FILLING OUT!

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:

GROUND: ☐

2ND DAY: ☐

OVERNIGHT: ☐

SATURDAY: ☐

Distributor Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Contact: _____

Customer Name or PO#: _____

☐ NORMAL PROCESSING TIME

Please Fax/Email Proof ☐

_____

You MUST provide a fax or email

Only IF order is to be DROPSHIPPED elsewhere

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

GUEST NAPKIN

Please Fill out All spaces provided

Napkin Color: _____

Ink Color: _____

Quantity: _____

Font: _____

☐ RE-ORDER

Check the box if this is a re-order.

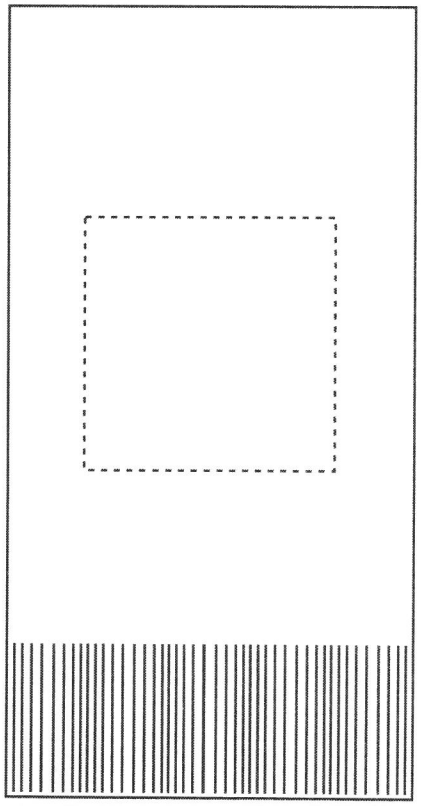
Please specify how you want artwork placed on the napkin. Straight or Diagonal.

Illustrate desired position of message or logo in the box Underline letters to be CAPITALIZED

When Providing Customer Artwork send BLACK & WHITE ONLY....No FAXES, NO GREY Scale, NO COLOR ART!!

FAX: 1888.671.4417

2 FREE PROOFS!!
$7 FEE AFTER EACH ADDTIONAL



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