IMPRINTOR™

Custom imprinting, right in your hands.

ORDER FORM

DATE: _____

ATTENTION: _____

BILLING INFORMATION: PLEASE PRINT OR TYPE

Firm Name _____

Your Name _____

Address _____

City _____ State ____ Zip _____

Phone Number _____

Fax Number _____

Email Address _____

SHIPPING INFORMATION: IF DIFFERENT THAN BILLING

No P.O. Boxes please.

Firm Name _____

Your Name _____

Address _____

City _____ State ____ Zip _____

METHOD OF PAYMENT:

Check or Money Order for: $_____ **(Made payable to IMPRINTOR)**

Please charge my credit card: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card No. | | | | | | | | | | | | | | | | | Expiration Date ___/___

Cardholder's Signature _____ Cardholder's Address _____

Print Cardholder's Name _____

METHOD OF SHIPMENT:

Shipping & handling will be charged. Please call for rates.

Authorization for:

☐ UPS Ground

☐ 2 Day Shipping

☐ Overnight Shipping

How did you hear about us?_____

PLATE IMPRINT INFORMATION:

For free pen plate we recommend no more than two lines of text, 22 characters & spaces per line.

HERE'S WHAT I WOULD LIKE TO ORDER:

ITEM NO.	QTY.*	DESCRIPTION	ITEM COLOR	PRICE EA.	TOTAL PRICE

SUBTOTAL	
IL RES. ADD 6.50% SALES TAX (Multiply SUBTOTAL by .0650)	
TOTAL*	

866-663-8373
Fax: 815-883-3025
www.imprintor.com

THANK YOU FOR YOUR ORDER

**Total does not include shipping charges. Please call for rates.*