



ORDER FORM

- After printing this form, please complete it and fax it to 828-926-4797
- If you have any questions, feel free to email us: sales@penimpressions.com
- Or give us a call at TOLL FREE 1-888-652-0089

Bill To	First Name _____	Last Name _____																					
	Company _____																						
	Address _____																						
	City _____	State/Province _____																					
	Zip/Postal Code _____	Country _____																					
	Phone # (____) _____	Fax # (____) _____	Email _____																				
Ship To (if different)	First Name _____	Last Name _____																					
	Company _____																						
	Address _____																						
	City _____	State/Province _____																					
	Zip/Postal Code _____	Country _____																					
Product Info.	Item Description _____	Imprint Info.	Item Color _____																				
	Item # _____		Imprint Color _____																				
	Quantity _____		Additional Imprint Color _____																				
	Unit Price \$ _____		Additional Color Price \$ _____																				
Artwork Instructions	Input text for the imprint area (if any):		Where would you like the imprint placed?																				
	Line 1 _____		_____																				
	Line 2 _____		How will the artwork be transferred to us?																				
	Line 3 _____		<input type="checkbox"/> No Artwork <input type="checkbox"/> By US Mail																				
	Line 4 _____		<input type="checkbox"/> By Email: carolinapens@gmail.com																				
	Line 5 _____		<input type="checkbox"/> By Overnight Service																				
Payment Information	Select Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express																						
	Credit Card Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																						
	Name on Credit Card _____		Exp. Date ____/____																				
	Cardholder's Signature _____		CIN # <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>																				
<small>3 digits - front of AMEX; back of VISA/MC</small>																							
Shipping Instructions	Select Shipping Method:		Exact Date Needed By: _____																				
	<input type="checkbox"/> Standard	<input type="checkbox"/> UPS Ground	Special Shipping Instructions: _____																				
	<input type="checkbox"/> UPS 2-Day	<input type="checkbox"/> UPS 3-Day	_____																				
	<input type="checkbox"/> UPS Overnight		_____																				