



**ORDER FORM**

- After printing this form, please complete it and fax it to 954-915-8577
- If you have any questions, feel free to email us: [sales@penimpressions.com](mailto:sales@penimpressions.com)
- Or give us a call at 866-764-5386!

<b>Bill To</b>	First Name _____ Last Name _____ Company _____ Address _____ City _____ State/Province _____ Zip/Postal Code _____ Country _____ Phone # (____) _____ Fax # (____) _____ Email _____	
<b>Ship To</b> (if different)	First Name _____ Last Name _____ Company _____ Address _____ City _____ State/Province _____ Zip/Postal Code _____ Country _____	
<b>Product Info.</b>	<b>Imprint Info.</b>	Item Description _____ Item # _____ Quantity _____ Unit Price \$ _____ Item Color _____ Imprint Color _____ Additional Imprint Color _____ Additional Color Price \$ _____
<b>Artwork Instructions</b>	Input text for the imprint area (if any): Line 1 _____ Line 2 _____ Line 3 _____ Line 4 _____ Line 5 _____ Where would you like the imprint placed? _____ How will the artwork be transferred to us? <input type="checkbox"/> No Artwork <input type="checkbox"/> By US Mail <input type="checkbox"/> By Email: <a href="mailto:sales@penimpressions.com">sales@penimpressions.com</a> <input type="checkbox"/> By Overnight Service	
<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 # _____ <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: _____ _____ _____	