ORDER FORM

BILLING ADDRESS

Date: Purchase Order Number:

Attention Name: Title:

School Name: Dept:

Address:

City: State: Zip:

Phone: ( ) Fax: ( )

School E-mail Address:

SHIPPING ADDRESS

☐ School ☐ Business ☐ Residence

Attention Name: Title:

School Name: Dept:

Address:

City: State: Zip:

Phone: ( ) Fax: ( )

Personal E-mail Address:

PAYMENT (US CURRENCY ONLY)

☐ Payment Enclosed ☐ MasterCard ☐ VISA

Expiration Date:_____ Authorized Signature:_____

BILL SCHOOL: A Purchase Order Number is required to bill the school. If a P. O. Number is not available, the Principal may authorize the school to be billed.

Principal's Name *(Please Print)*:_____

REQUIREMENT DATE

REQUIREMENT DATE: The time that it takes to receive your order is determined by order production time and shipping time combined.

NORMAL PRODUCTION TIME: Normal production time is 4 to 10 days and does not include shipping time. April and May production times can increase to 6 to 20 days due to heavy volume. See order form insert for details.

RUSH PRODUCTION UPGRADE: $30.00
Special expediting reduces Normal Production Time by approximately 50%.

SHIPPING TIMES & UPGRADED SHIPPING SERVICES:
See order form insert for details.

QTY.	ORDER #	PAGE #	ITEM DESCRIPTION AND SPECIAL INSTRUCTIONS	UNIT PRICE	TOTAL

☐	**TOTAL QUANTITY OF ITEMS**	Attach a separate sheet of paper for additional information	**SUBTOTAL**
		ILLINOIS STATE SALES TAX *(Illinois Residents Only.)*	8.5% Sales Tax
		RUSH PRODUCTION SERVICE	$30.00 Additional
		NORMAL SHIPPING & HANDLING CHARGES	See Back of Order Form
		RUSH AIR SHIPPING SERVICE	See Back of Order Form
		ALASKA, HAWAII & CANADA ONLY	$10.00 Additional
		PERSONAL ORDERS MUST ENCLOSE PAYMENT	**TOTAL DUE** US Currency

MAIL • FAX • PHONE

Use only one method when placing your order to avoid order duplication. Award Emblem is not responsible for duplicate orders.

Code Number

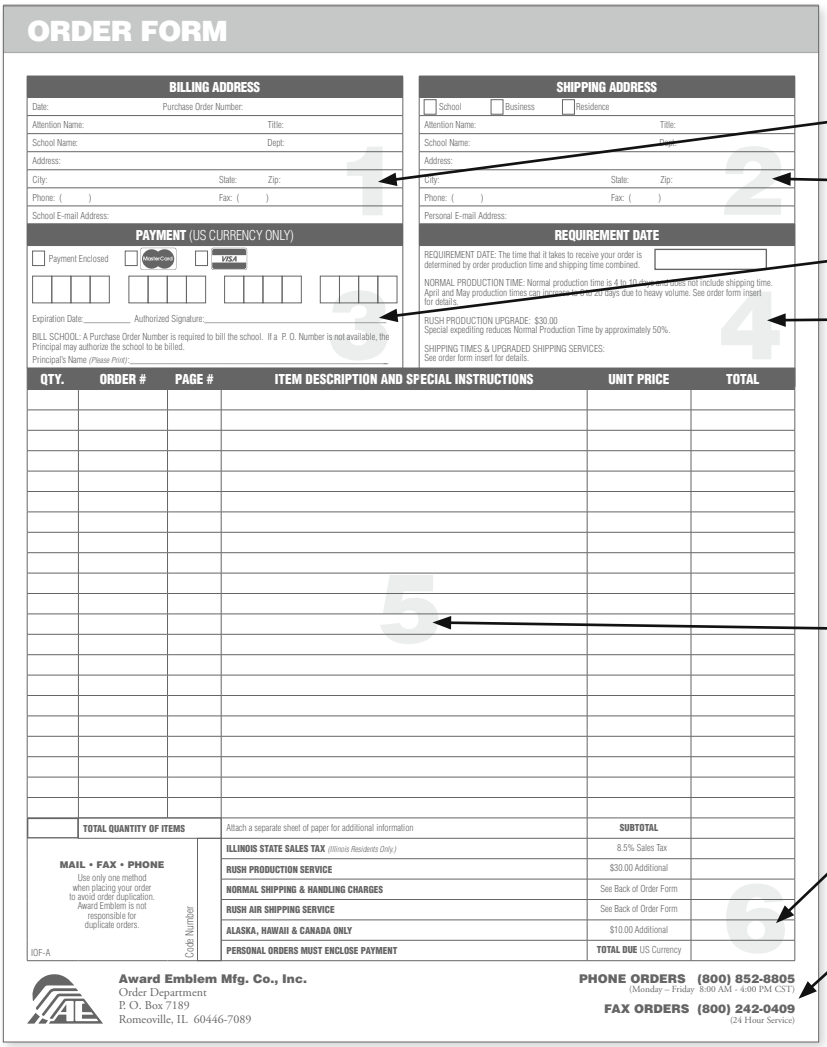
IOF-18-A

Award Emblem Mfg. Co., Inc.
Order Department
P. O. Box 7189
Romeoville, IL 60446-7089

PHONE ORDERS (800) 852-8805
(Monday – Friday 8:00 AM - 4:00 PM CST)

FAX ORDERS (800) 242-0409
(24 Hour Service)

Quick Order Reference Guide



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BILLING ADDRESS

Date: Purchase Order Number:
Attention Name: Title:
School Name: Dept:
Address:
City: State: Zip:
Phone: ( ) Fax: ( )
School E-mail Address:

SHIPPING ADDRESS

School Business Residence
Attention Name: Title:
School Name: Dept:
Address:
City: State: Zip:
Phone: ( ) Fax: ( )
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