

BILLING INFO
PLEASE PRINT OR TYPE

Firm Name _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Email address _____@_____

SHIPPING INFO
Check if same as above

Firm Name _____

Your Name _____

Address _____

City _____ State _____ Zip _____

MY ORDER	ARTWORK <input type="checkbox"/> Yes <input type="checkbox"/> No	QUANTITY	DESCRIPTION - STYLE NAME	ITEM COLOR	IMPRINT COLOR	PRICE EACH	TOTAL PRICE
	Please e-mail your artwork/logo or any questions to orders@pensrus.com						
			FONT TYPE STYLE FOR IMPRINT:	TRIM COLOR:	RE-FILL COLOR:		

IMPRINT INFORMATION	Please print or type copy desired below:		NY RESIDENTS ADD 8.875% SALES TAX
	LINE 1:	_____	ART CONVERSION SERVICE
	LINE 2:	_____	T.B.D
	LINE 3:	_____	SHIPPING & HANDLING
	LINE 4:	_____	ADDITIONAL CHARGES (IF ANY)
	LINE 5:	_____	TOTAL
CLIP IMPRINT: (Additional charges do apply)			

METHOD OF PAYMENT

Check or money order for: \$ _____ (made payable to **PENS R US**) Print Cardholder's Name _____

Please charge my credit card:

MasterCard VISA Am. Express Discover

Cardholder's Address _____

City _____ State _____ Zip _____

Cardholder's Signature _____

Card No: _____ Expiration Date _____

CIN # (3/4 digits — front of AMEX; back of VISA/MC) _____

NEED ORDER BY	Please indicate when you need the product(s):	SHIP BY	<input type="checkbox"/> UPSGround	<input type="checkbox"/> 2 Day Shipping	<input type="checkbox"/> 3 Day Shipping	<input type="checkbox"/> Overnight Shipping
	Normal production time		<input type="checkbox"/> FedEx	Customer Account # _____		
	<input type="checkbox"/> For an event date: _____		<input type="checkbox"/> UPS			