

ORDER FORM

BILLING INFORMATION

Company: _____
 Person Ordering: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 E Mail: _____
 P.O. #: _____

SHIPPING INFORMATION

Check here if same as Billing Information

Company: _____
 Attn: _____
 Address: _____

 City: _____ State: _____ Zip: _____

PROD #	LAYOUT	REFILL INK					
	Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Other <input type="checkbox"/> Please attach instructions	Size	Black	Blue	Green	Red	Violet
		Qty. 6cc					
		Qty. 2 oz.					
QTY.	INK COLOR						
	<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Violet <input type="checkbox"/> Red <input type="checkbox"/> Green						

TYPE CODE	ALL CAPS	UPPER/ LOWER	COPY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL INSTRUCTIONS

TYPESTYLES					
TYPE CODE	TYPESTYLE NAME	TYPE CODE	TYPESTYLE NAME	TYPE CODE	TYPESTYLE NAME
A	ARIAL	AN	ARIAL Narrow	TM	TIMES
AR-I	<i>ARIAL Italic</i>	AN-I	ARIAL Narrow Italic	TM-I	<i>TIMES Italic</i>
AR-B	ARIAL Bold	AN-B	ARIAL Narrow Bold	TM-B	TIMES Bold
AR-BI	<i>ARIAL Bold Italic</i>	AN-BI	ARIAL Narrow Bold Italic	TM-BI	<i>TIMES Bold Italic</i>