

Fax order form to (813) 882-0775 or email scanned form to Jacob.w.roll@gmail.com

Bill to: _____
 Attn: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Email: _____

Ship to: CHECK IF SAME AS BILLING ADDRESS

 Attn: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____

Custom Text: _____

Choose Color and Quantities:	Light/Clasp	Quantity	Notes
Custom Text Font: <input type="checkbox"/> IMPACT <small>(22 characters, includes spaces)</small> <input type="checkbox"/> Comic Sans MS <small>(19 characters, includes spaces)</small> <input type="checkbox"/> PMingLiU <small>(22 characters, includes spaces)</small> <input type="checkbox"/> Design File <small>(Please submit .AI or .EPS format.)</small>	<input type="checkbox"/> Red/Red	<input type="text"/>	
	<input type="checkbox"/> Blue/Royal	<input type="text"/>	
	<input type="checkbox"/> Blue/ Light Blue	<input type="text"/>	
	<input type="checkbox"/> Green/Green	<input type="text"/>	
	<input type="checkbox"/> Orange/Orange	<input type="text"/>	
	<input type="checkbox"/> Orange/Black	<input type="text"/>	
	<input type="checkbox"/> Purple/Purple	<input type="text"/>	
	<input type="checkbox"/> White/Purple	<input type="text"/>	
	<input type="checkbox"/> White/Pink	<input type="text"/>	
	<input type="checkbox"/> White/Black	<input type="text"/>	
	<input type="checkbox"/> White/Athletic Gold	<input type="text"/>	
	<input type="checkbox"/> White/Maroon	<input type="text"/>	
<input type="checkbox"/> Strike3 CUSTOM	<input type="text"/>		
Total Quantity Ordered:		<input type="text"/>	Order Total: <input type="text"/>

Subtotal: _____ Sales Tax: _____ Order Total: _____
(Total QTY X \$2.50) (where applicable)



CHECK ONE OPTION:

1. Check

2. School PO

3. Credit Card
(fill out right section)

Please ensure that the "Bill to" information matches this credit card.

 Visa  Mastercard

Card number:

Exp. date: 3 or 4 digit verification #:

Signature: _____