

NameBadge Order Form

Fax To: (707) 276-4913

ORDERED BY: (PLEASE PRINT)

Name: _____
 Department: _____
 Organization: _____
 Address: _____

 City: _____
 State: _____ Zip Code: _____
 Tel: (____) _____ Fax: (____) _____
 e-mail: _____

SHIP TO: (if different)

Name: _____
 Department: _____
 Organization: _____
 Address: _____

 City: _____
 State: _____ Zip Code: _____
 Tel: (____) _____ Fax: (____) _____

METHOD OF PAYMENT:

Check Enclosed Visa MasterCard
 CC # _____ Exp. Date: ___/___
 Name on Card: _____
 Signature: _____

** Prices listed are in US\$ and subject to change without notice.*

Bill Us (Payable on receipt)
 (Available to current customers, or call for approval.)
 Purchase Order #: _____
 Signature: _____

ITEMS ORDERED:

Item #	Quantity	Description (Color)	Unit Price	Total

<p>SPECIAL INSTRUCTIONS:</p> <p>Couirier: _____ Acct.#: _____</p>	<p style="text-align: center;">SHIPPING/HANDLING & INSURANCE:</p> <p>Regular Ground Service</p> <p>- Supplies Total (under \$250) \$10.00 <input type="checkbox"/> - Supplies Total (\$251- \$500) \$15.00 <input type="checkbox"/> - Supplies Total (\$500 - \$1,000) \$20.00 <input type="checkbox"/></p> <p>Expedited Service</p> <p>- Supplies Total (under \$250) \$20.00 <input type="checkbox"/> - Supplies Total (\$251- \$500) \$30.00 <input type="checkbox"/> - Supplies Total (\$500 - \$1,000) \$40.00 <input type="checkbox"/></p> <p>Your Own Courier no charge <input type="checkbox"/></p>	<p style="text-align: center;">Select Shipping Option</p> <p>Call for shipping charges on orders over \$1,000,</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Supplies Total</td><td> </td></tr> <tr><td>Shipping/Handling</td><td> </td></tr> <tr><td>Total</td><td> </td></tr> </table> <p>Date Required: _____</p> <p style="text-align: center;"><i>Thank you, we appreciate your business.</i></p>	Supplies Total		Shipping/Handling		Total	
Supplies Total									
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