

AD SPECIALTY ORDER FORM

(PLEASE COMPLETE FORM ACCURATELY & CLEARLY. FORM KEPT ON FILE FOR 30 DAYS. INSPECT PRODUCT IMMEDIATELY, REPORT PROBLEMS ASAP)

Order Date _____
 Purchase Order # _____

Send or FAX Orders To:
Total Impressions • 5608 Princess Avenue • Virginia Beach, VA 23464
Telefax: (757) 424-9837

Bill To:
 Name: _____
 Address: _____

 City, State, Zip Code: _____

 Country (if outside USA): _____

Ship To:
 Name: _____
 Address: _____

 City, State, Zip Code: _____

 Country (if outside USA): _____

ITEM #	ITEM NAME	ITEM COLOR	IMPRINT COLOR	QUANTITY	UNIT COST	TOTAL COST

Special Instructions:

Sub-Total: _____
S/H: _____
Sales Tax (5%): _____
Total Order Amount: _____

Imprint Instructions: _____

Event Date: _____
In Hands Date: _____
Art Enclosed: _____
Actual Proof: _____
Paper Proof: _____
 E-Mail Art to:
 artwork@totalimpressions.com

CHECK ONE WEBSITE
 Quick Survey. Please choose one of the four options. From what source helped you find the item(s) that you are interested in ordering?
 CATALOG
 WEB SPECIALS
 NEWSLETTER

In Case of Problems, Your Contact Info:
 Name: _____
 Phone (w/ area code): _____
 E-Mail: _____

Billing Info: Pre-Payment - Check / MO

Credit Card (circle): M/C ___ VISA ___ AMEX ___
 Card Number: _____
 Exp. Date: _____
 AVS #
 (3 Digit / Back of Card) _____
 Authorized Signature: _____

IF YOU WISH TO PAY BY CHECK OR MONEY ORDER, PLEASE PRINT YOUR NAME AND PHONE NUMBER. WE WILL CALL YOU WITH A TOTAL SO THAT YOU MAY REMIT. ONCE PAYMENT IS RECEIVED, WE WILL PROCESS YOUR ORDER.