P O Box 1748 Rockwall, Texas 75087 888.936.6299 phone/fax 214.775.0633



Order Number

Bill To			Ship To			
Name			Name			
Company Name			Company Name			
. ,						
	State			State		
-	oneFax			Fax		
Order Date	Date Required	Terms	Sales Person	PO Number	Ship Via	
Quantity	D	escription		Unit Price	Amount	
been customized for Bu	uyer understands that all produ uyer's use and cannot be return	ed for any reason ex	cept as described in the	SUBTOTAL		
	forth below. Buyer will be sole ces and will hold seller harmles s.		ges that he has read and	SALES TAX		
	xx, Inc., warranties to Buyer tha	at all products descr		HIPPING & HANDLING		
	erials and/or labor for a period stated on this order form. Deli ich it deems defective.			TOTAL		
Credit Card In	formation		Customer Acc	eptance	`	
Number			above Product Orde	I, the undersigned, agree to the purchase of products detailed in the above Product Order, including all artwork, in accordance with the terms and conditions specified by this document.		
Expiration Date Amount \$				Company Name		
Signature			Title	Date		