



# CONTRACT ORDERS

PLEASE COMPLETE ALL INFORMATION

**COMPANY INFORMATION**

COMPANY NAME \_\_\_\_\_ SALESPERSON \_\_\_\_\_

YOUR NAME \_\_\_\_\_

EXISTING CLIENT  NEW CLIENT

BILLING ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**ORDER INFORMATION**

PO NUMBER \_\_\_\_\_ DROP OFF ORDER  FROM VENDOR

SHIP METHOD \_\_\_\_\_

ARRIVING WHEN? \_\_\_\_\_

TOTAL NUMBER OF PIECES \_\_\_\_\_

**PLEASE LIST ALL SIZES & QUANTITIES ON BACK OF FORM OR AS SEPARATE ATTACHMENT**

DID YOU E-MAIL THE SALESPERSON ABOUT THIS ORDER? YES  NO

**ARTWORK INFORMATION**

NEW ARTWORK

RE-ORDER ART  DESIGN NUMBER/DESCRIPTION \_\_\_\_\_

IF ARTWORK WAS E-MAILED, TO WHO? \_\_\_\_\_ WHEN? \_\_\_\_\_

**DELIVERY INFORMATION**

IS THERE AN EVENT FOR THIS ORDER? IF SO, ENTER DATE \_\_\_\_\_

PICK UP  DELIVERY

REQUESTED SHIP DATE \_\_\_\_\_ DROP DEAD SHIP DATE \_\_\_\_\_

SHIPPING METHOD \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

**EMBLEM MAX FAX NUMBER 703-802-0201**

ALL ORDERS SHOULD ALLOW FOR 2% SPOILAGE.