Order F	-orm		
Sold to:	Company Name		
	Contact Name	Teleph	one ( )
	Email		
Billing Address:	Street		
Must be the same as the address on your credit card statement.	City	State	ZIP
Shipping Address:	O Same as above Street		
	City	State	ZIP
Ship Via:	O Standard Ground (3-5 days)	2nd Day O Truck Freight	Shipping charges will be added to your final invoice.
Order Date:	A(	C Project Estimate Number:	
Shape/Size:	St	ock Weight: O Light (~40 pt.	) O Medium (~60 pt.) O Heavy (~80 pt.)
Ink Coverage:	/Pr	int Quantity:	Over/Under runs: 10%
Artwork:	<ul> <li>I am supplying digital ready artwork following AdCoasters specifications. For current artwork specifications, visit www.adcoasters.com/design.html or ask your account representative for a copy.</li> <li>File(s) Transfer:</li></ul>		
Payment:	your order. The remaining 50% plus the s  Card Type O VISA O MasterC  Card Number  Verification Code. The last 3 or 4 digits locate  Authorized Signature  The issuer of the card identified on this item is	credit card statement address must ed on the signature line on the back authorized to pay the amount show triges due thereon) subject to and in a	
Promotion:	Have an AdCoasters discount offer? Ple Discount will reflect on your receipt. Ter	ase enter the promotion code.	

Please submit this completed order form and supply with your digital-ready artwork. If you emailed your artwork, please fax this form to

503.241.9475. If you mailed/shipped your art file, please make sure this form is included.