## M d Coasters

Order F	-orm				
Sold to:	Company Name				
	Contact Name		Telephone (	)	
	Email				
Billing Address:	Street				
Must be the same as the address on your credit card statement.	City		State	ZIP	
Shipping Address:	ss: O Same as above Street				
	City		State	ZIP	
Ship Via:	O Standard Ground (3-5 days	s) O 2nd Day O Tru	ock Freight Shipping o	harges will be ad	ded to your final invoice.
Order Date:		AC Project Estimate	Number:		
Shape/Size:		Stock Weight: Ol	ight (~40 pt.) O Me	dium (~60 pt.)	O Heavy (~80 pt.)
Ink Coverage:	/	Print Quantity:		Over/U	nder runs: 10%
-1 . 6				<u> </u>	(6)
File Information:	File Name	0.11			it (file in AC archives)
	Application O Adobe Illustrator (CS5 or lower) O Adobe Photoshop (CS5 or lower) O QuarkXPress (v.9 and lower)				
	O Adobe Acrobat Press-Ready pdf (X-1a) O Adobe InDesign (CS5 or lower)				
	Please visit www.adcoasters.com and download our mechanical specifications. Failure to follow these specifications may result in a delay in your project and possible additional production charges.				
	Please label all supplied materials with: Client name, contact person and phone number.				
	File Shipped Via O Emailed to brianh@adcoasters.com (4MB or smaller) O CD or Zip shipped to address below				
	Or, ftp uploading is also available, please email brianh@adcoasters.com for access information. Ftp software required.				
Payment:	Advance Payment Required (50% of estimate): \$ Shipping charges will be added to final invoice.				
	O Check covering the advance payment accompanies materials. Make check payable to AdCoasters. Final invoice will				
	be emailed. Order will be shipped after receipt of final payment. Samples, if requested, will be sent at customer's expense.  O Please charge my credit card (complete information below). A 50% order advance will be charged upon receipt of				
	your order. The remaining 50% plus the shipping charges will be billed to your credit card upon shipment of y				
	Card Type O VISA O	MasterCard O Amer	can Express O	Discover	
	Card Number				Expiration Date
		DTE: Your credit card statement	address must match Billi	ng Address listed	above.
	Verification Code. The last 3 or 4 digits located on the signature line on the back of your card.				
	<b>X</b> Date				
	Authorized Signature				
	The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to				
	pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card. Your Credit Card Statement will show a charge from AdCoasters.				
Please submit this co	ompleted order form and supply v	with your digital-ready	FOR ADCOASTER	USE ONLY	
	iled your artwork, <b>please fax thi</b> s		ADV: \$	Date	Ap
	ed your art file, please make sure		PRF: Date Sent		· 'P'
E	lata a deta fa con en est		Date Appro	oved	
call us at 1.877.423	oleting this form or with preparing B 2627	your art file(s), please	FIN: \$	Date	Ар
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