

ORDER FORM

MERAMEC PROMOTIONAL PRODUCTS

DO NOT WRITE HERE

PRINT CLEARLY

309 MacArthur Street
Doolittle, MO 65550

Phone 573-762-2756
Fax 573-762-2751

DATE / /

BILL TO Credit Card Holder Billing Address Check here if new address

Co./ Name: _____
Attn. To: _____
Address _____
City _____ State _____ Zip _____
Customer Phone _____ Fax _____

SHIP TO: Complete ONLY if different from Bill To information Check here if new address

Co./ Name: _____
Attn To: _____
Address _____
City _____ State _____ Zip _____
Customer Purchase Order # _____

DEALER Doug Law Dealer ID # 56205
Address 309 MacArthur Street
City / State Doolittle, MO Zip Code 65550
Email Address douglaw@gmail.com
Phone 573-762-2756 Fax 573-762-2751

BILLING INFORMATION

Prepayment by Credit Card (indicate card type at right)

Cardholder's Name _____

Cardholder's Phone _____

Expiration ___ / ___ CVV (required) _____

CVV is a 3 digit security code on the back of most credit cards.
For American Express it's a 4 digit code on the face of the card.



Credit Cards will be processed by Kaeser & Blair, Inc.

PROOFS

Paper proofs can be faxed or emailed for your approval. While not required they are strongly recommended. The charge is \$15.00 and should be added in the Detail of Extra Charges section below.

___ Please send proof for my approval. ___ Fax ___ Email
___ Proof Option Declined

Qty	Product Number	Name of Product	DETAILS OF SALE	Extended Price
			Selling Price ^{Each}	
Detail of Extra Charges			Total Extra Charges, if any	
Paper Proof (if you choose this option enter \$15.00)\$			Sales Tax* <input type="checkbox"/> Exempt	
Description of Charge _____ Amount _____			If exempt, attach certificate	
Set up charges (see item description for amount) \$ _____			Transportation Charges* (Est)	
Description of Charge _____ Amount _____			*Sales Tax Note: Calculate Sales Tax at your local rate. Kaeser & Blair is registered with all 44 states that have enacted sales/use tax on personal property. K&B collects said taxes and remits them to your state on a timely basis.	
Description of Charge _____ Amount _____				
Description of Charge _____ Amount _____				
Description of Charge _____ Amount _____				

Special This is exact repeat of previous K&B order # _____
Instructions Refer to last K&B order number _____ with noted changes.

ITEM COLOR _____

IMPRINT COLOR _____

IMPRINT LOCATION _____

WEARABLES

Fine Pt. Trim Color _____ S XL
 Med. Pt. Barrel Color _____ M XXL
Refill Color _____ L

***SPECIFY SHIPPING METHOD:** Customer is responsible for all freight, handling and expediting charges and will automatically be invoiced by Kaeser & Blair for the method authorized below. When prepaying order, be sure to estimate and include freight with payment.

1 Day / Red 3 Day / Orange 2 Day / Blue Ground / 5+ Days
 Other _____

***SPECIFY SHIPPING DATE:**
We will ship your order ASAP unless otherwise noted. Allow 1-3 days for K&B to process order in addition to in-factory production time.

Ship on or before
DATE _____

Product for **EVENT**
Customer will not accept order after
 Customer will pay overnight charges if necessary

Product for **FUTURE USE**
DO NOT SHIP B-4

Art emailed: douglaw@gmail.com

Date / / **IMPORTANT:** Include print out of emailed art file when faxing order.

COPY WANTED - PLEASE PRINT CLEARLY. Attach additional sheet if necessary.
WE RESERVE THE RIGHT TO RE-ARRANGE COPY FOR BEST IMPRINT

SPECIAL INSTRUCTIONS FOR ARTWORK LAYOUT

I have read and approve the above Order, Price and Copy. No verbal agreements recognized.

I hereby approve the terms of this contract, please charge the balance due to my credit card, to prepay my custom order.

Customer / Card Holder Authorized Signature

Date