

DATE: _____

ASAP

RUSH *IN HAND BY* _____

PLACE YOUR ORDER ONLINE (www.adproductstogo.com) or SIMPLY FAX or MAIL THIS FORM BACK US.

OVER 15 YEARS **PROMO PLUS** AD PRODUCTS

729 GRAPEVINE HWY., SUITE #415, HURST, TX 76054 www.adproductstogo.com
PH: 800-519-6658 FAX: 800-540-8887

EMAIL: service@adproductstogo.com

ORDER FORM

**HURRY-
LIMITED TIME
SPECIAL!**

ITEM NO.	DESCRIPTION	ITEM COLOR	IMPRINT COLOR	QUANTITY	PRICE EA.	TOTAL
SP-110	STICK PEN-NEON	BARREL: _____ TRIM: BLACK	BLACK RECOMMENDED ON NEON COLORS	(MIN. 500 pcs.)	.19 <i>SPECIAL</i>	
SP-120	STICK PEN	BARREL: WHITE TRIM COLOR: _____		(MIN. 500 pcs.)	.19 <i>SPECIAL</i>	
AC-230	SHAM CLICK PEN	BARREL: WHITE TRIM COLOR: _____		(MIN. 500 pcs.)	.29 <i>SPECIAL</i>	
USE FOR ITEMS NOT LISTED						
USE FOR ITEMS NOT LISTED						
* USE FOR UNIMPRINTED ITEMS			N/A			

*USE BOTTOM LINE TO ORDER BUSINESS CARD or DESK TOP GRAPHICS PRODUCTS

IMPORTANT: PEN INK COLOR - BLACK _____ or BLUE _____

(IF AVAILABLE-CHECK WEB SITE
or PRINTED MATERIAL)

(TX RESIDENTS ADD 8.25% TAX) **TAX** _____

IMPRINT AREA: 3/4" X 2 1/2"
(STICK PENS)

IMPRINT AREA:
3/4" X 1 1/2"
(SHAM CLICK, EXECUTIVE
PENS & TWIST PENS)

SEE CHART FOR
PENS & PENCILS -OTHER
PRODUCTS E-MAIL PROMO
PLUS FOR EXACT SHIPPING CHARGES
SHIPPING _____
TOTAL AMOUNT _____

TOTAL _____

(AD COPY FOR IMPRINTED ITEMS ONLY)

AD COPY:

WE WILL SEND YOU A PROOF OF YOUR IMPRINTED AD COPY FOR YOU TO APPROVE
PLEASE PRINT CLEARLY or SEND PRINTED COPY TO INSURE ACCURACY

PLEASE INDICATE WHICH LINES ARE TO BE
SMALL, MED. or LARGE (or **BOLD**) (ITALIC?)

NEED OTHER SHIPPING CHARGES:
EMAIL: SERVICE@ADPRODUCTSTOGO.COM or CALL

SHIPPING CHARGES

SHIPPING CHARGES ARE FOR **PENS & PENCILS ONLY**

ORDERS UNDER 600 pcs. = \$5.90
700 - 1000 pcs. = \$7.90
1100 - 2500 pcs. = \$10.00

**ADD \$2.00 SHIPPING FOR EVERY
ADDITIONAL 1000 pcs.**

THESE ARE SHIPPING CHARGES FOR MOST ITEMS SHIPPED REG. UPS in
CONTINENTAL U.S. BIG or HEAVY ITEMS MAY INCUR HIGHER CHARGES.

METHOD OF PAYMENT

FAST SHIP ON CREDIT CARD ORDERS!

____ MASTER CARD ____ VISA ____ AMEX

EXP. DATE

CREDIT CARD NO. (PRINT CLEARLY) _____ / _____

NAME & ADDRESS OF CARDHOLDER IF DIFFERENT THAN SHIP TO:

NAME _____

ADDRESS _____

CITY _____

ST _____

ZIP _____

ALL INFORMATION IS CONFIDENTIAL-USED FOR ORDER PROCESSING ONLY

SHIP TO:

NAME _____

CO. NAME _____

STREET ADDRESS _____

CITY _____

ST _____

ZIP _____

PH: _____

FAX: _____

(NEEDED FOR ANY NECESSARY FOLLOW UP QUESTIONS REGARDING ORDER)

THANK YOU FOR YOUR ORDER - JUST FAX or MAIL THIS FORM BACK TO PROMO PLUS FAX: 800-540-8887