



5371 NW 79th Avenue, Miami, FL 33166
 Ph: 305-592-4646 • Fax: 305-592-4647

Fax Order Form to 305-592-4647

INSTRUCTIONS: Complete unfilled parts, sign in and then fax to Action Printing, Inc.

Date _____

SOLD TO:

Company: _____
 Your Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

SHIP TO: (If different that Sold To - No P. O. Boxes)

Company: _____
 Attention: _____
 Address: _____
 City: _____ State: _____ Zip: _____

METHOD OF PAYMENT:

Card Type: Visa MasterCard American Express
 Credit Card No: _____
 Expiration Date: _____ Back Security Code: _____
 Name on Card: _____
 Billing Address: _____
 City, State, Zip: _____
 Signature: _____
 I agree to pay charges stated on this form according to the cardmember agreement.

METHOD OF SHIPPING: (All prices are FOB Factory)

Standard Ground Service.
 Authorization for overnight shipments. Initial here: _____

SHIPPING DATE:

Deadline Date: _____
 ASAP _____

ADDITIONAL INFORMATION:

QUANTITY	ITEM NO.	DESCRIPTION	ITEM COLOR	IMPRINT COLOR	EACH	AMOUNT

- PRICES SUBJECT TO CHANGE WITHOUT NOTICE
- Shipping charges are estimate. An adjustment of actual charges will be applied at the time of shipment.
- Submit digital logos and clipart in acceptable formats to avoid extra charges. Read online support pages for more information.
- Due to imprinting process, we reserve the right to ship and bill up to 5% overrun or underun.
- Submit your logo using the following webpage: <http://www.actionprintinginc.com/sendyourfile.php>
- Due to

SUB-TOTAL _____
Setup Charges _____
 FL Res. Add. 7% Sales Tax _____
Total Excluding Shipping _____
Shipping Charges _____
TOTAL AMOUNT _____

IMPRINT INSTRUCTIONS:

IMPRINT INFORMATION: Please print or type clearly copy desired below. For more information, consult support pages at www.actionprintinginc.com

