

# Ad Tissue Order Form

This order form may be copied for your use

**1**

P.O. No.	Distributor	Ship To	
Date	Phone		Fax
	Contact		
	Signature		

**2** Please write copy in boxed areas below and indicate desired font, or attach electronic artwork.

Templates below are not actual size.

Distributor Name (optional)

**3**

Quantity	Number of Colors	Unit Price	Total
Freight			
Tax (or resale#)			
Total Cost:			_____

**4**

Credit Card Type \_\_\_\_\_

Acct. No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

