



Custom USB Order Form

[Form #10005]

1929 W. Lone Cactus Dr., Ste.#5 • Phoenix, AZ 85027
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www.promoamerica.com

Contact Information:

Main Contact Information

Contact Name: _____
Company Name: _____
Phone: _____
Cell Phone: _____
Address: _____

Proof to Email: _____

Ship to Information if different

Contact Name: _____
Company Name: _____
Phone: _____
Cell Phone: _____
Address: _____

Order Information: *Check your quote carefully and verify it is correct before sending this order in. If the quote is incorrect please call your account representative to get an accurate quote before sending in your order.*

Title of Project: _____
Account Rep.: _____ Quote/Order #: _____
Requested Delivery Date: _____ Quantity: _____

The Requested Delivery Date above is the latest date you wish to have your project in hand by. Xpress Service in 1-5 Business Days on select drives, Standard Service in 10-14 Business Days, some restrictions apply. Project turn-time begins when all requirements are met: Receipt of order form, payment, and full approval of artwork and data proofs.

Order Description:

USB Drive Color: _____ "Volume Label" Drive Name: _____
(max. 11 characters)
NOTE: If no volume label is filled out, the volume label will then be left blank. Drive will show up as "Removable Disk"

Payment: We require all projects to be prepaid. Checks or certified funds are required methods. Orders will not be shipped unless payment is received in full. Credit Card Payment: **If you are paying by credit card, which has a different Bill to address than the Main Contact bill to address (on page 1), please fill in Credit Card Bill to Address below.**

Card #: _____ Card Bill to Address: _____
Expiration: _____
Name on Card: _____
Cardholder Signature: _____

*Credit Card CCV Code - Please note that an Account Representative will be calling for the 3 or 4-digit credit card security code. For your protection, do not write it on this form.

Authorization

I have read and agree to the Promo America terms and conditions on www.promoamerica.com/terms.asp and authorize payment above.

Signature _____ Date: _____
Printed Name: _____ Title: _____