

Custom USB REORDER Form

[Form #10056]

1929 W. Lone Cactus Dr., Ste.#5 • Phoenix, AZ 85027 Phone: 877.479.1009 • Fax: 623.587.4920 www.promoamerica.com

IMPORTANT: THIS FORM IS EXACT REORDERS OF CUSTOM USB/FLASH RELATED REORDERS ONLY. THE ONLY CHANGE FROM YOUR LAST ORDER THAT IS ACCEPTABLE WITH THIS FORM IS QUANTITY AND SHIPPING INFORMATION. ANY OTHER CHANGES WILL REQUIRE NEW ORDER, USE FULL FORM.

2	on: LAST ORDE	K #	
Title of Project:	(Most recent order number)		
Account Rep.:		Current Quote #:	
Requested Delivery Date:		Quantity:	
Delivery date above is the latest you wish to have your project in hand by. See		Requested shipping method*	
website for estimated turn time require standard 10-14 busine	e of your select custom piece. Most custom projects ess days to complete; some have Express service	Ground	Customer Pick Up
available in 1-5 days. Project Receipt of order form, paymer	turn-time begins when all requirements are met: nt, and full approval of artwork proof.	3-day 2-day	
*NOTE: If shipping method will not meet the requested delivery date, then the shipping method will need to be expedited in order for requested delivery date to be met. Additional fees may apply.		Overnight Saver (by end of day)	
		Overnight Next Day Air (by 10:30)	
Email Proof to this addr	ork verification must be sent and approved to bress:		·
e shipped unless payme	uire all projects to be prepaid. Checks or on the control of the c		required methods. Orders will no
	Check #	-	
	ease note that an Account Representative will be cal ection, do not write it on this form.		Bill to Address:
 Card #	Expiration		
	Expiration		
ame on Card	Expiration Signature		
ame on Card Ship to address:	Expiration Signature		
lame on Card Ship to address: I would like to ship to th	Expiration Signature		
lame on Card Ship to address: I would like to ship to th	Expiration Signature contact the same ship to address from my original order		
Name on Card I. Ship to address: I would like to ship to th	Expiration Signature contact the same ship to address from my original order		
Name on Card I. Ship to address: I would like to ship to the I would like to ship to a	Expiration Signature contact the same ship to address from my original order		
Jame on Card Ship to address: I would like to ship to the I would like to ship to a	Expiration Signature contact the same ship to address from my original order	New ship to addre	ess (street address, city, state, zip)
I would like to ship to a 5. Authorization: I agree to be bound be	Expiration Signature e same ship to address from my original order different address from my original order:	New ship to addre	ess (street address, city, state, zip)