

## FUND-RAISER ORDER FORM

Your Business Name:

**ER Graphics** [www. ergraphics.com]

45 West Main Street , McCConnelsville OH 43756 • P: 740-962-6899 • F: 962-3852 • E: info@ergraphics.com

Contact:	Title:	/ / 20
Shipping Address:		
City:	State:	Zip:
Phone: (        )	Fax:	
Email:	Cell:	

1.

Item:	Line:	Item #:	# Imprint Colors:	Item Colors:	Qty	
<b>Info:</b>						
Price Each	Item Total	Tax (item)	Set Up	Proof	Shipping	Balance Due
\$	\$	\$	\$	\$	\$	\$

2.

Item:	Line:	Item #:	# Imprint Colors:	Item Colors:	Qty	
<b>Info:</b>						
Price Each	Item Total	Tax (item)	Set Up	Proof	Shipping	Balance Due
\$	\$	\$	\$	\$	\$	\$

3.

Item:	Line:	Item #:	# Imprint Colors:	Item Colors:	Qty	
<b>Info:</b>						
Price Each	Item Total	Tax (item)	Set Up	Proof	Shipping	Balance Due
\$	\$	\$	\$	\$	\$	\$

4.

Item:	Line:	Item #:	# Imprint Colors:	Item Colors:	Qty	
<b>Info:</b>						
Price Each	Item Total	Tax (item)	Set Up	Proof	Shipping	Balance Due
\$	\$	\$	\$	\$	\$	\$

Balance & Payment Info

Pymnt Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AEx <input type="checkbox"/> Cash <input type="checkbox"/> Chk #(        )	Order <input type="checkbox"/> Phone <input type="checkbox"/> In Person
Organization: _____ #: _____ 10% of the above item totals will be donated to the above organization, with the exception of any shipping, set up, proof, or tax fees.	Balance \$ Due:

I agree with the above and understand that I am responsible for the above balance. A proof will be provided via fax or email, I am responsible for checking all info on proofs including spelling. Above proof charges allows for 2 proof changes, additional proofs will be charged. No cash refunds will be given on return items. Store credit may be given. Any returns must be made no later than 30 days from date below. Allow 7-28 business days from signed proof date for delivery of items. Payment is due at time of order, in the form of business check, money order, Visa, Master Card, or American Express.

Signature:	Date: / / 20
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Your Business Name

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Card Holders Name

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Credit Card Billing Address

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<b>City</b>	State	Zip
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Visa       MasterCard       American Express

Credit card number

-	-	-
[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]

Expiration Date

-	-	-
[ ] [ ]	[ ] [ ]	2 0 [ ] [ ]

Last 3 digits of security code on back

[ ] [ ] [ ]
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Card Holders Signature

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Date

/	/20
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