



OLIVER SPECIALTIES - ORDER FORM

Mail To: P.O. Box 2259, Traverse City, MI 49685
Call: 1-800-290-0595 Fax: 1-231-941-1766
orders@oliverspecialties.com

**INSTRUCTIONS: Print form, fill in information,
then mail or fax to Oliver Specialties**

1 BILL TO:

Firm Name _____
Your Name _____
Address _____
City _____
State / Zip _____

2 SHIP TO: (If Different Than Bill To / No PO Boxes)

Firm Name _____
Your Name _____
Address _____
City _____
State / Zip _____

3 METHOD OF PAYMENT:

VISA Check / Money Order
 M/C (Payable to **Oliver Specialties**)

Card Number _____ - _____ - _____ - _____
Card Holder _____
Zip Code _____
Card Expires _____
Card Holder _____

Signature _____

5 METHOD OF SHIPPING:

All prices FOB factory
 Standard
 Authorization for next day delivery
 Authorization for second day delivery
(Actual freight billed after shipment is made)

6 DELIVERY DATE:

Deadline date: _____
 ASAP

7 ADDITIONAL INFORMATION:

Phone Number _____
Fax Number _____
Type of Business _____

8 IMPRINT INFORMATION

Please print or type copy desired below. For artwork such as logo, trademark, insignia or special lettering, please call 1-800-290-0595. **IMPORTANT:** Do not tape over or staple through any artwork.

Credit is extended to Dun and Bradstreet rated businesses and qualified previous customers. To establish an open account for future credit please include the names, addresses and telephone numbers of three or more principal suppliers.

4 PLEASE SHIP THE FOLLOWING ITEMS:

ITEM NO.	QTY*	DESCRIPTION	ITEM COLOR	IMPRINT COLOR	PRICE EACH	TOTAL PRICE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Due to our imprinting process, we reserve the right to ship and bill up to 5% over or under the quantity ordered.

PRICES SUBJECT TO CHANGE WITHOUT NOTICE

SATISFACTION GUARANTEED

If, for any reason, our product does not meet your expectations, please call or write our Customer Service department within 30 days.

SUBTOTAL _____
ART SERVICE CHARGE _____
SETUP, PLATE
or SCREEN CHARGES _____
MICHIGAN RES.
ADD 6% SALES TAX _____
TOTAL _____