

Mail To: P.O. Box 2259, Traverse City, MI 49685 Call: 231-941-5585 • orders@oliverspecialties.com

ORDER FORM

INSTRUCTIONS: Print form, fill in information, and mail or email to Oliver Specialties

1 BILL TO:				4 DELIVERY DATE:			
Firm Name				Deadline date:			
Your Name				☐ ASAP			
Address							
City				5 ADDITIONAL INFORMATION:			
State / Zip				Phone Number			
				Email			
		an Bill To / No PO Boxes)		Type of Bu	siness		
Firm Name				6 IMF	PRINT INFORMA	TION:	
Your NameAddress				Please print or type copy desired below. For artwork such as logo, trademark, insignia, or special lettering, please email vector art to:			
City				orders@ol	iverspecialties.com.		
State / Zip							
3 METHO	D OF SHIPPI	NG:					
All prices FOB fac	ctory						
☐ Standard							
	for next day deliv			Credit	is extended to Dun and	Bradstreet rated b	usinesses and
(Actual freight bill	for second day de ed after shipment			future	ed previous customers. credit please include th ers of three or more prir	e names, addresse	
4 PLEASE SHIF	THE FOLLOWIN	IG ITEMS:					
ITEM NO.	QTY*	DESCRIPTION	ITEM	COLOR	IMPRINT COLOR	PRICE EACH	TOTAL PRICE
						SUBTOTAL	
*Due to our imprinting process, we reserve the right to ship and bill up to 5% over or under the quantity ordered.					ART SERVICE CHARGE		
• • •					SETUP, PLATE or SCREEN CHARGES		
PRICES SUBJECT TO CHANGE WITHOUT NOTICE				MICHIGAN RES. ADD 6% SALES TAX			
SATISFACTION Of If, for any reason, call or write our C	our product does	not meet your expectations, pl department within 30 days.	lease				