

ORDER BLANK

PRINT CLEARLY

DATE / / **Announcing-Baby.com**

Orders@Announcing-Baby.com • Fax 813.972.2968

DO NOT WRITE HERE

SHIP TO: _____
 Attn. To: _____
 Street Address _____
 City _____
 State _____ Zip Code _____
 Customer Phone _____ Fax _____

BILL TO (Complete ONLY if different from shipping information)
 Co. Name _____
 Attn To: _____
 Address _____
 City _____ State _____ Zip _____
 Customer Purchase Order # _____

PRODUCT DESCRIPTION**BILLING INFORMATION** Prepayment by Credit Card.

Card Holder's Name _____

Card Holder's Phone _____

Card No. _____ Exp. Date _____

I hereby approve the terms of this contract, please charge the balance due to my charge card, to prepay my custom order.

Cardholder's Signature Date / / 

Qty.	Product No.	Name of Product	DETAILS OF SALE	
			Dollars	Cents
Detail of Extra Charges, if any.			Selling Price	
Description of charge			Total Extra Charges, If any	
		\$ Amount	Sales Tax (FL 6.75%)	
Description of charge			Transportation Charges*(Est)	
		\$ Amount	TOTAL	
Description of charge			Deposit	
		\$ Amount	BALANCE DUE	
Description of charge			* SPECIFY SHIPPING METHOD: Customer is responsible for all freight, handling and expediting charges and will automatically be invoiced by Kaeser & Blair for the method authorized below. When prepaying order be sure to estimate and include freight with payment. <input type="checkbox"/> Ground/5+ DAYS <input type="checkbox"/> 2 Day/BLUE <input type="checkbox"/> 3 Day/ORANGE <input type="checkbox"/> 1 Day/RED <input type="checkbox"/> OTHER _____	
Special Instructions <input type="checkbox"/> This is exact repeat of previous order number _____ <input type="checkbox"/> Refer to last order number _____ with noted changes.			SPECIFY SHIPPING DATE: We will ship your order ASAP unless otherwise specified: Allow 1-3 Days for us to process and for plant to receive order in addition to in factory production time listed for each product, plus transportation time.	
ITEM COLOR: _____ IMPRINT COLOR: _____ IMPRINT LOCATION: _____ <input type="checkbox"/> Fine Pt. Trim Color _____ <input type="checkbox"/> Med Pt. Barrel Color _____ Refill Color _____			<input type="checkbox"/> Product for EVENT DELIVER IN HANDS <input type="checkbox"/> Product for FUTURE USE DO NOT SHIP B-4 BY _____ OR NOTIFY _____	

Art e-mailed to artwork@announcing-baby.com Date / /
IMPORTANT: Include print out of e-mailed art file when faxing or mailing order.

COPY WANTED - PLEASE PRINT CLEARLY. Attach additional sheet if necessary.
WE RESERVE THE RIGHT TO RE-ARRANGE COPY FOR BEST IMPRINT

SPECIAL INSTRUCTIONS

I have read and approve the above Order, Price and Copy and agree to the terms on the back of my copy.

Customer Authorized Signature Date _____