



ORDER FORM

105 HADLEY DRIVE • THOMASVILLE, GA • 31792
PHONE: 1-800-299-1349 • FAX (229) 226-1362

BILL TO:

DATE ____ / ____ / ____

PURCHASE ORDER # _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ATTENTION _____ PHONE () _____ FAX () _____

DESCRIPTION:

TITLE _____ STOCK _____

QUANTITY _____ COLORS _____

SIZE _____ FINISHING _____

METHOD OF PAYMENT:

2% Prepayment 50% Deposit - Balance C.O.D. Open Account Credit Card

CARD HOLDER _____ PERSON EXECUTING TRANSACTION _____

TYPE OF CREDIT CARD _____ CREDIT CARD # _____ EXPIRATION DATE _____

AMOUNT \$ _____ AUTHORIZED SIGNATURE _____

SHIP TO: Same As Bill To Address

COMPANY _____ ATTENTION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRICING: BASE PRICE \$ _____

TOTAL \$ _____

2% Prepayment (or) Deposit \$ _____

Customer Authorization _____ BALANCE DUE \$ _____

Any underrun/overrun ±10%, shipping, and miscellaneous charges will be reflected in final billing.
This order is subject to Barnes Printing Co. Trade Customs and the Terms and Conditions contained on the reverse side hereof.