

Group Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card Info\*: (Check one)

MC  Visa  Amex  Discover

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp: \_\_\_\_\_

Signature\*\*: \_\_\_\_\_

Date: \_\_\_\_\_

Purchase/Order #: \_\_\_\_\_

# of Colors/Ink Selection(s): \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE SKETCH IN SPACE PROVIDED ABOVE.**

Additional paper may be used if more space is required but **MUST** be accompanied by a completed copy of this document when submitted via fax.

**Fax to 401-467-3570**

\*All submitted artwork requests are subject to a minimum art charge of \$25.00 (hourly rate - \$50/hour) and will be billed separately from your online product purchase(s).

\*\* Your signature is required to authorize the charges to your credit card. Your request may not be processed if the required information is incomplete, missing or incorrect.