

Order Form



Send your completed order form to us at:

Email: sales@mybadges.com
Fax: 604-271-3347

Event Date: _____ **In Hands Requirement:** _____

Notes:

| | |
|--|--|
| <p>Bill To:</p> <p>Customer # (If known): _____</p> <p>Name: _____</p> <p>Org: _____</p> <p>Dept.: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p> <p>Telephone: _____ Ext: _____</p> <p>Email: _____</p> <p>Purchase Order: _____</p> | <p>Ship To (If different than Bill To)</p> <p>Name: _____</p> <p>Org: _____</p> <p>Dept. : _____</p> <p>Address: _____</p> <p>_____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p> <p>Telephone: _____ Ext: _____</p> <p>Tax Exempt #: _____</p> <p>Tax ID# / EIN: _____</p> <p>Delivery Note: _____</p> <p>_____</p> |
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| Item # | Quantity | Description | Unit Price | Total |
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Credit Card Number: _____ Expiry Date: _____

Cardholder Name: _____ Security Code: _____

Credit Card information will be destroyed once it has been charged