

CUSTOM APPAREL ORDER FORM

Date Ordered: _____ **MAIL TO:** NEWFORMS, INC - 245 GRANDVIEW AVE - BELLEVUE, KY 41073
 Date Order Needed: _____ **E-MAIL TO:** trn@newforms.com or dpendery@newforms.com
FAX TO: 859.292.2905

BILLING ADDRESS:

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: (_____) _____ - _____
 E-mail Address: _____

FORM OF DELIVERY:

SHIP*
 PICK-UP
 DROP-OFF* (Local Areas Only)
 * Additional shipping cost based on weight.
 * Additional shipping cost based on travel distance.

SHIPPING ADDRESS: (If different from Billing Address)



Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

RUSH CHARGE:

All orders requiring completion in less than 10 business days from the date of order confirmation are subject to a \$50.00 rush charge. Rush orders will be accepted at the discretion of the Newforms, Inc. Production Staff.

METHOD OF PAYMENT:

CREDIT/DEBIT*

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ACCOUNT NUMBER

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EXPIRATION DATE

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CVV

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BILLING ZIP CODE

MONEY ORDER
 MAILED MONEY ORDER PAYABLE TO Newforms, Inc..

CASH / CHECK PLEASE PAY EXACT AMOUNT.
 CHANGE WILL NOT BE GIVEN.

* 3% charge on Credit Card charges

