

AUTOPOINT®

O R D E R F O R M

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Date _____ ASI/PPAI/Sage # _____ PO # _____

DISTRIBUTOR BILL TO:

Company Name _____

Contact Person _____

Address _____ Suite/Room _____

City _____ State/Country _____ ZIP _____

Phone _____ Fax _____

e-mail address _____

CUSTOMER SHIP TO:

Company Name _____

Attention of _____

Address _____ Suite/Room _____

City _____ State/Country _____ ZIP _____

Phone _____ (Required for UPS / FedEx shipments)

PRODUCT:

Model No. _____ Name _____

Imprint/Engraving/HotStamp _____

Number of Colors _____ Ferrule (All-American Pencils Only) Yes No

Number of Locations/Lines _____

Quantity _____ Net Cost _____

Screen _____ Net Cost _____

Additional Imprint _____ Net Cost _____

Ship Date Requested _____

Method of Shipment Required _____ Shipper # if Desired _____