

**ORDER FORM**

PRINT CLEARLY

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_



Promotional Advertising Specialties  
4236 Grissom Drive Batavia, OH 45103-1696

Phone 513.732.6400  
800.642.9790  
Fax 513.732.1753  
800.322.6000

**DO NOT WRITE HERE**

**BILL TO** Credit Card Holder Billing Address  Check here if new address

Co. / Name: \_\_\_\_\_

Attn. To: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customer Phone \_\_\_\_\_ Fax \_\_\_\_\_

**SHIP TO:** Complete ONLY if different from Bill To information  Check here if new address

Co. / Name: \_\_\_\_\_

Attn To: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customer Purchase Order # \_\_\_\_\_

**DEALER** \_\_\_\_\_ **Dealer ID #** \_\_\_\_\_

Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BILLING INFORMATION**

K&B Open Account  Rated in D&B  Credit Application on reverse

Invoice Account with 50% Deposit to K&B Required

Prepayment to Kaeser & Blair in full Check # \_\_\_\_\_

Prepayment by Credit Card  Dealer Ck.  Customer Ck.





Cardholder's Name \_\_\_\_\_

Cardholder's Phone \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

CVW Number - Required \_\_\_\_\_ For instructions see back of this form

\*Cardholder's billing address should be filled in above left.

**WARNING:** Do not FAX or Email this order if it contains new artwork or a check. If this order is to be faxed, do not mail a confirming order. **K&B is not responsible for duplicate orders submitted by fax, mail and email.**

CATALOG FROM WHICH THE ITEM WAS SOLD \_\_\_\_\_

CATALOG ASI # \_\_\_\_\_ CATALOG PAGE # \_\_\_\_\_

Qty	Product Number	Name of Product	DETAILS OF SALE	Extended Price	K & B ONLY
			Selling Price Each		
Detail of Extra Charges, if any.			Total Extra Charges, if any		
	Description of Charge	\$ Amount	Sales Tax <input type="checkbox"/> Exempt		
	Description of Charge	\$ Amount	If exempt, complete form on reverse		
	Description of Charge	\$ Amount	Transportation Charges* (Est)		
	Description of Charge	\$ Amount	<b>TOTAL</b>		
	Description of Charge	\$ Amount	Deposit to Dealer		
	Description of Charge	\$ Amount	Deposit to Company, if any		

**Special**  This is exact repeat of previous K&B order # \_\_\_\_\_

**Instructions**  Refer to last K&B order number \_\_\_\_\_ with noted changes.

**ITEM COLOR** \_\_\_\_\_

**IMPRINT COLOR** \_\_\_\_\_

**IMPRINT LOCATION** \_\_\_\_\_

Fine Pt. Trim Color \_\_\_\_\_

Med. Pt. Barrel Color \_\_\_\_\_

Refill Color \_\_\_\_\_

**WEARABLES**

S  XL

M  XXL

L

**\*SPECIFY SHIPPING METHOD:** Customer is responsible for all freight, handling and expediting charges and will automatically be invoiced by Kaeser & Blair for the method authorized below. When prepaying order, be sure to estimate and include freight with payment.

1 Day / Red  3 Day / Orange  2 Day / Blue  Ground / 5+ Days

Other \_\_\_\_\_

**\*SPECIFY SHIPPING DATE:**

We will ship your order ASAP unless otherwise noted. Allow 1-3 days for K&B to process order in addition to in-factory production time.

Ship on or before <b>DATE</b> _____	Product for <b>EVENT</b> Customer will not accept order after _____ <input type="checkbox"/> Customer will pay overnight charges if necessary	Product for <b>FUTURE USE</b> DO NOT SHIP B-4 _____
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Art emailed:  artdept@kaeser-blair.com  Factory

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ **IMPORTANT:** Include print out of emailed art file when faxing or mailing order.

**COPY WANTED - PLEASE PRINT CLEARLY.** Attach additional sheet if necessary.  
**WE RESERVE THE RIGHT TO RE-ARRANGE COPY FOR BEST IMPRINT**

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read and approve the above Order, Price and Copy and agree to the terms on the back of my copy. I further agree to pay, on demand all costs and reasonable attorney fees which Kaeser & Blair may incur in the enforcement of this contract. All past due sums under the contract shall bear interest from the 30th day after the invoice date until paid at a rate of 18% per annum. No verbal agreements recognized.

I hereby approve the terms of this contract, please charge the balance due to my charge card, to prepay my custom order.

Customer / Card Holder Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL CHECKS AND PURCHASE ORDERS MUST BE MADE PAYABLE TO KAESER & BLAIR INC.**

We accept no responsibility for checks made payable to our dealers or any other payee. There is a \$25.00 service charge on all returned checks.