## ORDER FORM

## The Rough Notes Company, Inc.

| BIII To: Customer Number: Name: |                              |   | Ship To (if DIFFERENT than "Bill TO"):  Name:  Agency/Company Name: |                               |              |  |
|---------------------------------|------------------------------|---|---|-------------------------------|--------------|--|
|                                 |                              |   |   |                               |              |  |
| Street Addre                    | PASS:                        |   | Street Address: City:   |                               |              |  |
| 03                              |                              |   |   |                               |              |  |
| State:                          |                              | Zip:  | State:  |                               | Zip:         |  |
| Phone: (                        | 1                            | Fax: ( )  |   | Phone: ( ) Fax: ( )           |              |  |
| Phone: [                        | 1                            | Fax: ( )  | Phone: (  |                               | rax: [       |  |
| 3 Item                          | Qty.                         | Descriptio  | n   |                               | Imprint      | Price  |
|                                 |                              |   |   |                               |              |  |
|                                 |                              |   |   |                               |              |  |
|                                 |                              |   |   |                               |              |  |
|                                 | 1                            |   |   |                               |              |  |
|                                 | +                            |   |   |                               |              | <del>                                     </del> |
| -                               | +                            | -   |   |                               |              | <del>  </del>                                    |
| <u></u>                         |                              |   |   |                               |              | ļ  |
|                                 |                              |   |   |                               |              |  |
|                                 |                              |   |   |                               |              |  |
|                                 | 1                            |   |   |                               |              |  |
|                                 | Mathe                        | t (2  |   | Total Amount of Mer           | chandise     | \$   |
| D Payment F                     |                              | d of Payment III Me D Charge To My Credit Card  | Shipping/Handling Charges* \$                                       |                               |              |  |
|                                 |                              | III Me Li Charge To My Credit Card  American Express Li Discover                      |   | Indiana Residents Tax (7%) \$ |              |  |
|                                 |                              |   |   | Total Amount Due \$           |              |  |
| Credit Card Nu                  | umbor                        | V-Code*   | 6 l agree t   | to pay the above              |              |  |
| Signature Exp Date              |                              |   | Signature   |                               |              |  |
| Name on card                    | (please print)               |   | Signature _   |                               |              |  |
|                                 |                              |   | 6   | Imprint                       | t Orde       | rs   |
| Credit Card Billin              | no Address if diffe          | erent from above. (Required)  | IMPORTANT   | Anna Santa and Talanta        | Mary Company | on as it should print                            |
| Corporate Credit                | t Card 🗀 Yes                 | ☐ No (Required)   | or attach sar   | mple of current               | imprinte     | d item.  |
|                                 | AX = 4 Digit                 | d To Process Your Credit Card:<br>It Code on Front of Card                            | *Note any chan  | nges to copy. You w           | vIII receive | a faxed proof.                                   |
|                                 |                              | r = 3 Digit Code on Back of Card<br>e to: The Rough Notes Company, Inc.)              | Company   |                               |              |  |
|                                 | CHARDING (A                  | THE SHAPER  | Address   |                               |              |  |
|                                 | Order Amount                 |   | City/State/Zip  |                               |              |  |
|                                 |                              |   | Phone ( )   | F                             | Fax ( )      |  |
| s                               | \$100.01 - 150.00            | 0\$21.00<br>0\$26.00  | Web site  |                               |              |  |
| \$                              | \$250.01 - 500.00            | 00\$30.00   | E-mail  |                               |              |  |
|                                 |                              | \$17.00+ Actual twight charges<br>ducts\$11.00  | Other   |                               |              |  |
| Sof                             | oftware is non-retu          | turnable once the seal is broken.<br>by to items shipped outside the continental U.S. | Imprint Color:  | u Black u Blue                |              |  |
| Actual suppling                 | marges may appropriately ser | vices are available. Call for details.  | □ Color Sample Included   |                               |              |  |