

**ORDER**



TOLL FREE 866-275-1450  
Fax 903-236-3654

**BOXTOPIA**  
2401 Judson Rd.  
#101 & 104  
Longview, TX 75605, USA

Date \_\_\_\_\_ Your P.O.# \_\_\_\_\_ E-mail \_\_\_\_\_

Sold to: Co. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Ship to: Co. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
 Attn: \_\_\_\_\_

Date Required \_\_\_\_\_ Ship Via \_\_\_\_\_ FOB \_\_\_\_\_ Tax ID (if applicable) \_\_\_\_\_

Price Quotation # \_\_\_\_\_  
Product Description \_\_\_\_\_  
\_\_\_\_\_

Product Proof # \_\_\_\_\_ Item # \_\_\_\_\_  
Imprint Instructions \_\_\_\_\_  
\_\_\_\_\_

|                        |                      |                                     |
|------------------------|----------------------|-------------------------------------|
| Quantity Ordered _____ | Price Per Each _____ | Total _____                         |
|                        |                      | Art Charges _____                   |
|                        |                      | Plate Charges _____                 |
|                        |                      | Other Charges _____                 |
|                        |                      | Sub-Total (prior to shipping) _____ |
|                        |                      | Freight _____                       |
|                        |                      | Tax _____                           |
|                        |                      | <b>TOTAL DUE</b> _____              |

**TRANSACTION and AUTHORIZATION INFORMATION**

Your credit card will be charged when your order is shipped.

Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Card Type:     Visa     MasterCard

I authorize BOXTOPIA (a wholly owned property and division of BNewton Associates) to charge the above referenced credit card.

Company name as it appears on card (please print) \_\_\_\_\_

Your name as it appears on card (please print) \_\_\_\_\_

Billing address for card (please print) \_\_\_\_\_

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

Authorized signature \_\_\_\_\_ Today's date \_\_\_\_\_