

TROPHY.COM

1040 Holland Drive
Boca Raton FL 33487
866-259-2364 phone
561-998-7716 fax

DATE: _____
If previously ordered
CUSTOMER #: _____
ORDER #: _____

<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">BILL TO:</td> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">SHIP TO:</td> </tr> <tr> <td>CONTACT: _____</td> <td></td> <td>CONTACT: _____</td> <td></td> </tr> <tr> <td>COMPANY: _____</td> <td></td> <td>COMPANY: _____</td> <td></td> </tr> <tr> <td>ADDRESS 1: _____</td> <td></td> <td>ADDRESS 1: _____</td> <td></td> </tr> <tr> <td>ADDRESS 2: _____</td> <td></td> <td>ADDRESS 2: _____</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP: _____</td> <td></td> <td>CITY, ST, ZIP: _____</td> <td></td> </tr> <tr> <td>PHONE: _____</td> <td></td> <td>PHONE: _____</td> <td></td> </tr> <tr> <td>FAX: _____</td> <td></td> <td>FAX: _____</td> <td></td> </tr> <tr> <td>EMAIL: _____</td> <td></td> <td>EMAIL: _____</td> <td></td> </tr> </table>		BILL TO:		SHIP TO:	CONTACT: _____		CONTACT: _____		COMPANY: _____		COMPANY: _____		ADDRESS 1: _____		ADDRESS 1: _____		ADDRESS 2: _____		ADDRESS 2: _____		CITY, ST, ZIP: _____		CITY, ST, ZIP: _____		PHONE: _____		PHONE: _____		FAX: _____		FAX: _____		EMAIL: _____		EMAIL: _____		check if same as billing <input type="checkbox"/>
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CONTACT: _____		CONTACT: _____																																			
COMPANY: _____		COMPANY: _____																																			
ADDRESS 1: _____		ADDRESS 1: _____																																			
ADDRESS 2: _____		ADDRESS 2: _____																																			
CITY, ST, ZIP: _____		CITY, ST, ZIP: _____																																			
PHONE: _____		PHONE: _____																																			
FAX: _____		FAX: _____																																			
EMAIL: _____		EMAIL: _____																																			

EVENT NAME	EVENT DATE	IN-HANDS DATE	PO # if applicable	SHIPPING METHOD (circle one)
				Ground 3 Day 2 Day Overnight

QUANTITY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL
1		SHIPPING CHARGES		TO BE DETERMINED

SUBTOTAL	
SALES TAX	
TOTAL	

PAYMENT METHOD

CREDIT CARD #: _____

CREDIT CARD TYPE: _____ (we accept MC, VISA, AMEX, DISCOVER)

EXPIRATION : _____ CID # _____

I WILL PAY BY CHECK Checks will need to be received prior to shipping order

FL Residents: please add 6% sales tax

THANK YOU FOR YOUR BUSINESS!

Trophy Engraving Form

For multiple trophies - please fill in Trophy #1 as your master trophy and then fill in the rest if different from first engraving

To repeat the same line information for each trophy, please write "SAME" on each line to be duplicated

To select upper lowercase or all CAPS, please print as you would like it to be engraved

CIRCLE Lettering Style for Engraving

Arial
Times New Roman

FAX TO: 561-998-7716

Need Assistance? Call 866-259-2364

Example - Arial font style

2007 MVP
MIKE JORDAN
Southeast Little League

Example - Times New Roman font style

2007 MVP
MIKE JORDAN
Southeast Little League

Contact: _____

Address: _____

City: _____

State, Zip: _____

Trophy # 1 - Item #:

Trophy # 2 - Item #:

Trophy # 3 - Item #:

Trophy # 4 - Item #:

Trophy # 5 - Item #:

Trophy # 6 - Item #:

Trophy # 7 - Item #:

Trophy # 8 - Item #:

Trophy # 9 - Item #:

Trophy # 10 - Item #:

Trophy # 11 - Item #:

Trophy # 12 - Item #:

Trophy # 13 - Item #:

Trophy # 14 - Item #:

Trophy # 15 - Item #:

Use additional pages if necessary

Need Assistance? Call 866-259-2364

Order online www.trophy.com

SPECIAL INSTRUCTIONS:

FAX TO: 561-998-7716