F.I.N.: 93-1109216

AdCoasters℠

Beverage Wrench Order Form

Sold to: Company Name

Contact Name Telephone ( )

Email

Billing Address: Street

Must be the same as the address on your credit card statement.

City State ZIP

Shipping Address: ❍ Same as above Street

City State ZIP

Ship Via: ❍ Standard Ground (3-5 days) ❍ 2nd Day ❍ Truck Freight Shipping charges will be added to your final invoice.

Order Date: _____ **Print Quantity:** _____ Over/Under runs: 10%

Product: ❍ Original Beverage Wrench ❍ Round Beverage Wrench ❍ Deluxe Beverage Wrench

Original & Round Stock Colors: ❍ Black ❍ Blue ❍ Dark Blue ❍ Dark Green ❍ Green ❍ Light Grey ❍ Orange ❍ Pink ❍ Purple ❍ Red ❍ Salsa ❍ White ❍ Yellow

Deluxe Colors: ❍ Black ❍ Trans. Blue ❍ Trans. Frost ❍ Trans. Green ❍ Trans. Orange ❍ Trans. Purple ❍ Trans. Red

Inks: 1_____/2_____/3_____

File Information: File Name ❍ Exact Reprint (file in AC archives)

Application ❍ Adobe Illustrator (CS5 or lower) NOTE: Artwork must be vector files only

Please visit www.adcoasters.com and download our mechanical specifications. Failure to follow these specifications may result in a delay in your project and possible additional production charges.

Please label all supplied materials with: Client name, contact person and phone number.

File Shipped Via ❍ Emailed to sales@adcoasters.com (4MB or smaller) ❍ CD or Zip shipped to address below

Or, ftp uploading is also available, please email brianh@adcoasters.com for access information. Ftp software required.

Payment: **Advance Payment Required (50% of estimate): $** _____ Shipping charges will be added to final invoice.

❍ Check covering the advance payment accompanies materials. Make check payable to AdCoasters. Final invoice will be emailed. Order will be shipped after receipt of final payment. Samples, if requested, will be sent at customer's expense.

❍ Please charge my credit card (complete information below). A 50% order advance will be charged upon receipt of your order. The remaining 50% plus the shipping charges will be billed to your credit card upon shipment of your order.

Card Type ❍ VISA ❍ MasterCard ❍ American Express ❍ Discover

Card Number Expiration Date

NOTE: Your credit card statement address must match Billing Address listed above.

Verification Code. The last 3 or 4 digits located on the signature line on the back of your card.

X Date

Authorized Signature

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card. **Your Credit Card Statement will show a charge from AdCoasters.**

Please submit this completed order form and supply with your digital-ready artwork. If you emailed your artwork, **please fax this form to 503.241.9475**. If you mailed/shipped your art file, please make sure this form is included.

For assistance completing this form or with preparing your art file(s), please call us at 1.877.423.2627.

FOR ADCOASTER USE ONLY

ADV: $ Date Ap

PRF: Date Sent

Date Approved

FIN: $ Date Ap