

RESET FORM

\$60.00 BANNER ORDER FORM

PRINT ALL INFORMATION IN CAPITAL LETTERS PLEASE

ACTION ART SPORTS BANNER ORDER FORM

(VOICE) Phone # 909-930-5203 (FAX) 909-930-6555 (OUT OF STATE) 800-920-4ART

First Time Customer? YES NO

This address is for mail only!
ACTION ART BANNERS 3045 S. Archibald Ave. Ste. H-169
Ontario CA 91761

SHIPPING INFO (Check One)		
**UPS	**UPS	BULK
No signature required	Signature required	Region /League Delivery

**There may be additional charges for shipping & handling under certain conditions.

Order Date _____ Opening Day _____ Picture Day _____

Name _____ Team Name _____

Address _____ League Name _____

City _____ EMAIL @ _____

State _____ Zip Code _____ FAX# () _____

Contact # () _____

CREDIT CARD (MC VISA)	ADDRESS WHERE STATEMENT IS RECEIVED _____
CREDIT CARD # _____	EXP. DATE: _____
SIGNATURE REQUIRED: <input checked="" type="checkbox"/>	3 DIGIT MC/VISA# _____
I AUTHORIZE THE WORK TO BE DONE AS IT APPEARS BELOW. I AUTHORIZE ACTION ART TO PROCESS CHARGES ON THE CREDIT CARD # INDICATED ABOVE. I HAVE READ & ACCEPT ACTION ARTS TERMS AND CONDITIONS POLICY ON REVERSE SIDE. NO REFUNDS/CANCELLATIONS ALLOWED.	

SPORT: _____	TEAM COLORS: _____
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BANNER TYPE: **3x5** W/grommets (baseball, softball) only!
W/pole pockets (soccer, basketball) only!

PLAYERS FIRST NAMES ONLY #S opt.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

BANNER LAYOUT

ARTIST'S CHOICE Banner ARTIST HAS COMPLETE FREEDOM NO DESIGN OR BALLS		
PLAYERS NAMES LIST NAMES ONLY	COACH'S NAMES LIST NAMES ONLY	I ALSO WANT BANNER HOOKS (baseball, softball) only! TEAM MOM TOTE BAG

- SPONSOR/S 1. _____
2. _____
3. _____
4. _____

(FIRST NAMES ONLY)
MANAGER

(FIRST NAMES ONLY)
COACH OR COACHES

ASST.COACH OR ASST. COACHES (FIRST NAMES ONLY) _____

TEAM MOM OR TEAM MOMS (FIRST NAMES ONLY) _____ OTHER _____

TEAM PARENT OR TEAM PARENTS (FIRST NAMES ONLY) _____

