RESET FORM

PRINT ALL INFORMATION IN CAPITAL LETTERS PLEASE

ACTION ART SPECIAL ITEMS 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 No signature required	**UPS Signature required	BULK Region /League Delivery
☐	☐	☐

**There may be additional charges for Shipping & Handling under certain conditions.

Order Date _____

Name _____
(Circle one)

Home or Business? Address _____

City _____

State _____ Zip Code _____

Contact # (____) _____

Opening Day _____ Picture Day _____

Team Name _____

League Name _____

EMAIL @ _____

FAX# (____) _____

CREDIT CARD (MC ☐ VISA ☐) **ADDRESS WHERE STATEMENT IS RECEIVED** _____

CREDIT CARD # _____ EXP. DATE: _____ 3 DIGIT MC/VISA# _____
CAN BE FOUND ON BACK OF CARD AFTER CC#

SIGNATURE REQUIRED: X _____

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:** _____

QUANITY	DESCRIPTION	UNIT PRICE		AMOUNT	

FOR OFFICE USE ONLY

I AUTHORIZE THE WORK TO BE DONE AS IT APPEARS ABOVE.

_____
(CUSTOMER SIGNATURE MUST SIGN)