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ORDER FORM

UNLESS PREVIOUS CREDIT HAS BEEN ESTABLISHED, A 50% DEPOSIT MUST ACCOMPANY THE ORDER. THE BALANCE IS DUE UPON RECEIPT OF THE MERCHANDISE. ORDERS MAY BE CHARGED ON A VISA OR MASTERCARD.

WE RESERVE THE RIGHT TO OVERSHIP AND UNDERSHIP NO MORE THAN 5% AND BILL ACCORDINGLY. A FINANCE CHARGE OF 1 ½% PER MONTH (ANNUAL PERCENT IS 18%) WILL BE CHARGED ON ALL PAST DUE ACCOUNTS. IN THE EVENT OF NON PAYMENT OF THIS INVOICE WITHIN TERMS HEREIN, PURCHASER SHALL PAY ALL COLLECTION COSTS INCLUDING, BUT NOT LIMITED TO, REASONABLE ATTORNEY FEES AND COURT COSTS.

COMPANY			DATE	E-MAIL
NAME			PHONE	FAX
BUSINESS ADDRESS			DEPOSIT AMT.	
CITY	STATE	ZIP	SIGNATURE	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD	CVV2# on back of card	CARD NUMBER	Exp Date
CREDIT CARD BILLING ADDRESS:				
QUANTITY	ITEM NAME AND #	PRICE	ITEM DESCRIPTION	DESCRIPTION (IMPRINT COLOR)

IMPRINT COPY: