

ORDER FORM

ORDER ONLINE: WWW.MALLSIGNS.COM

Please make as many copies of this form as needed.

CUSTOMER <small>Please use black pen.</small>		P.O. # _____	DATE _____
YOUR NAME _____	CENTER / BUSINESS NAME _____		
PHONE _____	FAX _____	E-MAIL _____	

NEW CUSTOMER INFORMATION	
BILL TO: as it appears on credit card statement COMPANY _____ ATTN. _____ ADDRESS _____ ADDRESS 2 _____ CITY, ST, ZIP _____	SHIP TO: If different than billing address _____ _____ _____ _____

FOR PRINTED PRODUCTS ONLY								
QTY	PRODUCT #	DESIGN #	SIZE/COLOR	DESCRIPTION/NAME	COST	TOTAL		
12	DLX	HOL-RSANT	22x28	santa posters	26.95	323.40		
NOTE: A setup/layout fee applies to each Deluxe Product of a design/layout ordered.					Layout/Setup Fees (one per design/copy layout)			

Please use another page for additional items.
 E-mail customization copy to orders@cybergraph.com or attach to this order.

LOGO Email to art@cybergraph.com See logo/art requirements <input type="checkbox"/> NO logo <input type="checkbox"/> Use logo ON FILE <input type="checkbox"/> Use logo being sent via E-MAIL <input type="checkbox"/> SCAN the logo I am mailing <small>\$35 fee applies</small>	PRODUCTION TIME <small>SELECT ONE</small> DOES NOT APPLY TO ALL PRODUCTS <input type="checkbox"/> Standard <input type="checkbox"/> Same Day (\$50 + 20%) <small>MUST BE ORDERED BY 11AM EST</small> <input type="checkbox"/> Next Day (\$25 + 10%) <small>MUST BE ORDERED BY 3PM EST</small> <input type="checkbox"/> Economy (5% DISCOUNT) <small>7-10 business days</small>	SHIPPING <small>SEE OPPOSITE PAGE</small> <input type="checkbox"/> Ground <input type="checkbox"/> Second Day Air <input type="checkbox"/> Next Day Air <input type="checkbox"/> Western States 3 Day Select	Subtotal _____ Printed Products Shipping Estimate _____ Production Adjustment _____ Tax (Shipments to NC add 7%) _____ Total _____
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PAYMENT METHOD	
<input type="checkbox"/> INVOICE ME (pre-approved customers only) <small>Credit application available online or by calling. Please allow 2-5 additional days for application processing.</small>	
CREDIT CARD: <input type="checkbox"/> AM/EX <input type="checkbox"/> M/C <input type="checkbox"/> DISC <input type="checkbox"/> VISA	
Name on credit card _____	
Card Number _____	Expiration Date _____ MO / YR
Cardholder Signature <input checked="" type="checkbox"/> _____	

ORDER SIGNATURE	
X _____ <small>Required for orders over \$500</small>	
<small>By submitting this order, you hereby agree to the terms, ordering policy and rates on the CyberGraph Web site: www.cybergraph.com as posted on the date of order receipt by CyberGraph.</small>	
SENDING	
You may mail this form to: CyberGraph Advertising, Inc. 530 Oakwood Avenue, Suite B Raleigh, NC 27601 Attach a separate sheet with your signage copy.	
# of sheets attached: _____	FAX THIS FORM TO: 888-513-5067