



A FULL SERVICE PRINTING COMPANY

## ORDER INFORMATION FORM

### Shipping Information

Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Billing Information

**If the billing address is the same as the shipping address above, please only fill out the credit card information below.**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 or 4 Digit Code: \_\_\_\_\_

**By your signature below, you are ensuring that the information above is accurate, and are authorizing Quality Printing to bill your credit card account any related print charges for the services rendered.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**PLEASE FAX THIS FORM TO 541-776-1377.**