

Time Saving Tip:
 Fill out billing and shipping addresses and make copies of order form for future use

Official Licensee of Rotary International - #05-4A0691

NATIONAL AWARDS

The NEW National Award Services, Inc.

1391 E. Lafayette Street • Tallahassee, FL 32301

Website: www.clubsupplies.com e-mail: orders@clubsupplies.com

DATE _____

Phone 1-800-810-2100
1-850-727-5289

Fax 1-800-227-0599
1-850-727-5430

Do not use this order form for badges

MAKE COPIES

Please type or print clearly

CLUB INFORMATION / BILL TO

SHIP TO (if different)

Club Name _____ District # _____

Club Name _____ District # _____

Name _____ Title _____

Name _____ Title _____

% _____ (UPS requires street address)

% _____ (UPS requires street address)

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Daytime Phone (____) _____ Daytime Fax (____) _____

Daytime Phone (____) _____ Daytime Fax (____) _____

Billing E-mail Required _____

E-mail Required _____

Date Needed _____

This date will be met if at all possible, but cannot be guaranteed.
 Do you approve higher shipping costs if necessary? _____

CATALOG MINIMUM ORDER - \$15.00

QTY.	ITEM #	DESCRIPTION	Personalized* if yes - see below	PRICE	TOTAL

Invoices must be paid within 30 days
 in US Dollars drawn on US Bank

SUBTOTAL _____
 Shipping & handling calculated when order ships

***For engraving or custom imprinting:**

• ENGRAVING INSTRUCTIONS MUST BE IN WRITING
 Type or print clearly on blank piece of paper **exactly** how you want your complete imprinting to read.

Please, no phone orders on imprinting.

- *No returns on custom items.
- *Custom orders subject to +/-5% of quantity.

- *Florida clubs subject to sales tax.
- *Clubs outside USA - Credit Card.
- *Customer is responsible for any import fees.

- Bill to club (Authorized Signature) _____
- Credit Card - \$15.00 Minimum
 - Visa MasterCard AMEX Discover

- *To avoid duplication-do NOT confirm orders.
- *No returns without authorization number - subject to 15% restocking charge.

Credit Card Number _____ Expiration Date _____

Cardholder's Name (Please Print) _____ Cardholder's Signature (Required) _____