

ORDER FORM (UNIFORM NAMEPINS & SERVICE AWARD TABS)

JUST PRINT, FILL OUT AND FAX OR MAIL IN OR ENTER YOUR ORDER ON SCREEN, PRINT, FAX OR MAIL:

FAX TO: 1-508-222-9316 or **MAIL TO:** Reeves Co., Inc., 51 Newcomb St., Box 509, Attleboro, MA 02703-0009

Submitted By (name): _____ Date: _____ PO# (if any): _____
 Phone: _____ Fax: _____ Email: _____

(We suggest before you begin to enter your order print the product page or pages of interest for reference.)

SHIP TO: NO. _____ STREET _____ CITY _____ STATE _____ ZIP _____	PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> * AMER. EXPRESS <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> * VISA <input checked="" type="checkbox"/> OPEN ACCOUNT <input type="checkbox"/> * MASTERCARD *IF CREDIT CARD COMPLETE THE FOLLOWING: CARD NO. _____ CALIF SALES TAX (If applicable) \$ _____ EXP DATE _____ POSTAGE & HANDLING \$ _____ CARDHOLDER NAME: _____ SIGNATURE: _____ ORDER TOTAL \$ _____
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* Existing accounts in good standing. Please enter your Customer ID# _____
 (If available)

ENTER SELECTIONS FOR EACH INDIVIDUAL INTO A SEPARATE SEGMENT BELOW.

(Repeat your "quantity and option" choices only if different from previous entry.)

	QTY	MODEL#	PLATING		FINISH			FASTENER	LETTERS	NAMEPIN MODEL NUMBER TO FIT?	UNIT COST	TOTAL \$ FOR EACH LINE ITEM
			GOLD	SILVER	DUOTONE	POLISH	SATIN					
ENTER NAMEPIN/S →								PINBACK DUAL GRIP	BLACK DK. BLUE		\$	\$
ENTER TAB/S →									BLACK DK. BLUE		\$	\$
ENGRAVING: NAMEPIN/S 2ND LINE IF WANTED								ENGRAVING: TABS TOP PANEL, IF ANY BOTTOM PANEL				

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