

Order Form

Date: P.O. Number:



Ordered By

Company:	<input type="text"/>
Address:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>
Contact Name:	<input type="text"/>

Hospitalityframes.com
115 Commerce Way
Dedham, MA
United States
02027
Phone: 800-952-0200
Fax: 781-326-8473
www.hospitalityframes.com

Deliver To Same as Above

Company:	<input type="text"/>
Address:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>
Contact Name:	<input type="text"/>

Inserts	
<input type="radio"/> VERTICAL	<input type="radio"/> Numbers (1, 2, 3...etc.)
<input type="radio"/> HORIZONTAL	<input type="radio"/> Words (One, Two...etc.)
Number Sequence:	<input type="text"/>
EXAMPLE: 100 Frames = 1 Set of 1-100 OR 2 Sets of 1-50	
Special Instructions	
<input type="text"/>	

Item	Description	Quantity	Unit Price	Amount

Payment

Check payable to: **BENJAMIN MARTIN CORPORATION**

Credit Card

Mastercard

Security Number:

Located on back of Card

Visa

Card Number:

Expiration Date:

Cardholder Name:

Data is not secure.

Sub-total

Grand Total

Shipping Instructions

All Orders will be shipped UPS Ground unless otherwise instructed. Please specify for Air Shipments.

FedEx

UPS

Account Number:

Shipping Method: