NEW YORK GRAPHIC SOCIETY – PRINT ORDER FORM

BILL TO:

Company Name _____

Contact Person _____

Street Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Purchase Order No. _____

SHIP TO (if different)

_____

_____

_____

_____

_____

_____

Account Number _____

New Customers – Tax ID number _____

Please contact our Customer Service Department to set up an account.

TO BE FILLED OUT BY CUSTOMER SERVICE

ITEM NO.	ARTIST/TITLE	QUANTITY	UNIT COST	SUBTOTAL

PAYMENT METHOD:

❑ VISA ❑ COD (additional $7.50)

❑ Mastercard

Account No. _____ Exp. _____

Name on card _____

Signature _____

Name (print) _____ Date _____

SUBTOTAL	
FREIGHT	
ORDER TOTAL	

SHIPPING METHOD

❑ Standard Ground

❑ 2 Day

❑ 3 Day

❑ Overnight

NEW YORK GRAPHIC SOCIETY

130 SCOTT RD. • WATERBURY, CT 06705

Attn: CUSTOMER SERVICE

FAX 203.757.5526

WE ONLY SELL WHOLESALE, BUSINESS TO BUSINESS.