Stineman Ribbon Company

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DATE:			SHIP TO:		
BILL TO: (A	Account Name)		Attn:		
Attn:			Address:Zip Daytime Phone #		
		Zip	PAYMENT METHOD		
Ordered By			Check or Money Order EnclosedC.O.D.		
DATE OF EVENTUPS RegularUPS 2nd or 3rd DayUPS Next Day AirParcel Post/PriorityOther (Specify)Minimum Order Charge - \$15.00		lar or 3rd Day Day Air t/Priority ecify)	Bill Club Account (Only available to Clubs with approved credit check) Credit Cards: We do accept Visa and Mastercard, however, our web site is not secure at this time, therefore we cannot guarantee the security of that information. If placing an order online, please do not include a credit card number. Call or fax credit card information to the numbers listed above.		
QUANTITY	CATALOG #	DESCRIPTIO	 N	UNIT PRICE	TOTAL
weight of your order and will be added into the final invoice PA RESIDENTS ADD 6% SALES TAX					\$ \$

