

SUPERIOR IMAGE
3261 FLUSHING ROAD
FLINT, MICHIGAN 48504
Phone: (810) 239-9222
Fax: (810) 239-3310

DUE DATE _____ DATE RECEIVED _____

P.O.# _____

SHIPPING TO: IF DIFFERENT THAN ORDER NAME.

NAME: _____

ADDRESS: _____

CITY: _____ STATE/ZIP: _____

PHONES: BUS. _____ HOME _____ FAX: _____

BEST TIME: A.M. P.M. _____

CONTACT PERSON: _____

To save money - enclose full amount plus shipping saving all C.O.D. Charges.

CHECK # _____

CASH

CHARGE IT TO MY () MasterCard () Visa

MONTH YEAR

Card Expiration Date

CARD NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CARD HOLDER SIGNATURE _____

SIGNATURE NECESSARY OF CARD HOLDER

TERMS: 50% WITH ORDER, BALANCE DUE ON PICK UP.
Freight & Shipping Additional.

Method of Shipping: Cust. P/Up UPS Del. Other

PROOF Yes Fax Hold for No Mail Customer Pillion

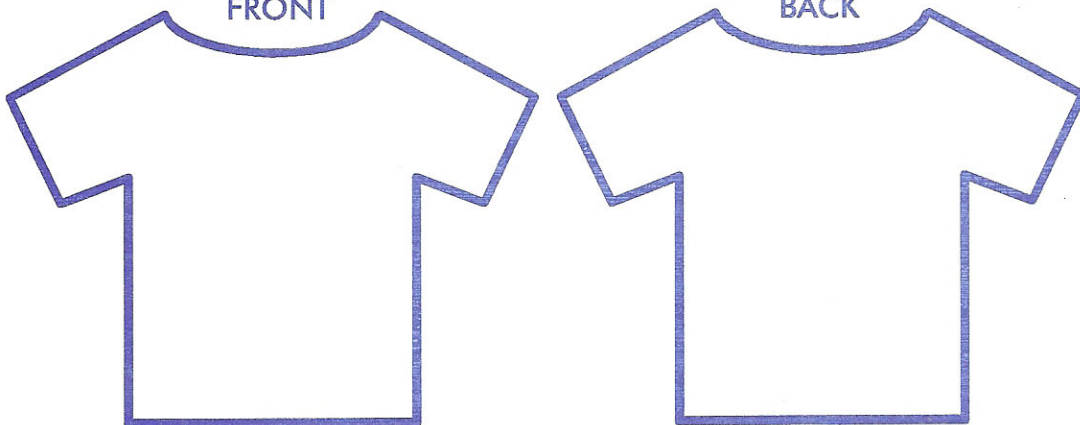
For File

NEW JOB REPEAT Exact With Changes

Quantity Ordered	Quantity Shipped	Item #	Item Description	Unit	Amount

FRONT

BACK



Front

Back

Other

Color 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Color 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multicolor <input type="checkbox"/>			

Sub-Total	<input type="text"/>	<input type="text"/>
Sales Tax	<input type="text"/>	<input type="text"/>
Freight	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>
Deposit	<input type="text"/>	<input type="text"/>
Bal. Due	<input type="text"/>	<input type="text"/>

Thank You For Your Order